

# Adult Social Care and Health Overview and Scrutiny Committee

12 October 2010

## Agenda

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the **SHIRE HALL, WARWICK** on **TUESDAY 12 OCTOBER 2010** at **2.00 p.m.**

The agenda will be: -

### 1. General

#### (1) Apologies

#### (2) Members' Disclosures of Personal and Prejudicial Interests.

Members are reminded that they should disclose the existence and nature of their personal interests at the commencement of the relevant item (or as soon as the interest becomes apparent). If that interest is a prejudicial interest the Member must withdraw from the room unless one of the exceptions applies.

'Membership of a district or borough council is classed as a personal interest under the Code of Conduct. A Member does not need to declare this interest unless the Member chooses to speak on a matter relating to their membership. If the Member does not wish to speak on the matter, the Member may still vote on the matter without making a declaration'.

#### (3) Minutes of the meeting of the Adult Social Care and Health Overview and Scrutiny Committee held on 16 September 2010

#### (4) Chair's Announcements

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The public reports referred to are available on the Warwickshire Web

[www.warwickshire.gov.uk/committee-papers](http://www.warwickshire.gov.uk/committee-papers)

## **2. Public Question Time (Standing Order 34)**

Up to 30 minutes of the meeting is available for members of the public to ask questions on any matters relevant to the business of the Adult Social Care and Health Overview and Scrutiny Committee.

Questioners may ask two questions and can speak for up to three minutes each.

For further information about public question time, please contact Ann Mawdsley on 01926 418079 or e-mail [annmawdsley@warwickshire.gov.uk](mailto:annmawdsley@warwickshire.gov.uk).

## **3. Questions to the Portfolio Holders**

Up to 30 minutes of the meeting is available for Members of the Committee to put questions to the Portfolio Holders (Councillor Izzi Seccombe (Adult Social Care) and Councillor Bob Stevens (Health) on any matters relevant to the Adult Social Care and Health Overview and Scrutiny Committee's remit and for the Portfolio Holders to update the Committee on relevant issues.

## **Health items**

### **4. West Midlands Ambulance Service (WMAS) –re-modernisation proposals**

The Committee will receive a presentation from the West Midlands Ambulance Service setting out their re-modernisation proposals.

### **5. NHS Warwickshire Board meeting – 6<sup>th</sup> October 2010**

The Committee will receive an update from Paul Maubach, Director of Strategy and Commissioning, NHS Warwickshire, on the outcomes of NHS Board meeting on 6<sup>th</sup> October 2010.

### **6. Future Model for Emergency and Urgent Care Services at the Hospital St Cross**

Report of the Strategic Director of Customers, Workforce and Governance

Following the University Hospitals Coventry and Warwickshire NHS Trust's notice to NHS Warwickshire that they could no longer provide urgent care services at the Hospital of St Cross in its current form, NHS Warwickshire has proposed two options for the future model of urgent care services for the hospital. This went out to public consultation on the 26th July and will finish on the 18th October 2010. A Councillor Task and Finish Group was set up to review the consultation

process and consider the two options suggested by NHS Warwickshire. This is a report of their findings and their suggested recommendations for NHS Warwickshire and Hospital of St Cross Rugby.

### **Recommendation**

The Committee to:

1. Consider the Task and Finish Group's report on the future model for emergency and urgent care services for Rugby.
2. Consider and agree the recommendations of the Task and Finish Group
3. To suggest any further recommendations they may wish to make.

For further information please contact Alwin McGibbon, Overview and Scrutiny Officer, Tel: 01926 412075 E-mail [alwinmcgibbon@warwickshire.gov.uk](mailto:alwinmcgibbon@warwickshire.gov.uk) or Michelle McHugh, Overview and Scrutiny Manager, Tel: 01926 412144 E-mail [michellemchugh@warwickshire.gov.uk](mailto:michellemchugh@warwickshire.gov.uk).

## **Adult Social Care items**

### **7. Fairer Charging and Contributions**

Report of the Interim Director of Adult Services

The consultation process agreed at Cabinet on 17<sup>th</sup> June 2010 has now ended and the outcomes are available and reported here. Final options on the way forward are being presented prior to decision at Cabinet on 14<sup>th</sup> October 2010. The report includes the results of an Equality Impact Assessment.

### **Recommendation**

That the Committee considers the final proposals on Fairer Charges and Contributions following the outcome of the consultation process and reports their views to Cabinet on 14<sup>th</sup> October 2010.

For further information please contact Ron Williamson, Head of Communities and Wellbeing/Resources, Tel: 01926 742964 E-mail [ronwilliamson@warwickshire.gov.uk](mailto:ronwilliamson@warwickshire.gov.uk).

### **8. Learning Disability Self Assessment Action Plan**

Report of the Strategic Director for Adult, Health and Community Services

On 12<sup>th</sup> June 2010 the O&S committee received the first learning disability self assessment report which highlighted some areas for improvement. O&S requested that an action plan be presented back to them by September 2010. The action plan is attached to this report.

## **Recommendation**

The Committee is asked to scrutinise the action plan and pass on any comments or recommendations to Cabinet as appropriate in preparation for its meeting on 14<sup>th</sup> October 2010.

For further information please contact Chris Lewington, Carer and Customer Engagement Service Manager, Tel: 01926 743259 E-mail [chrislewington@warwickshire.gov.uk](mailto:chrislewington@warwickshire.gov.uk).

## **Joint Health and Adult Social Care items**

### **9. Work Programme 2010-11**

Report of the Chair of the Adult Social Care and Health Overview and Scrutiny Committee

The Adult Social Care and Health Overview and Scrutiny Committee is asked to consider its work programme.

## **Recommendation**

That the Adult Social Care and Health Overview and Scrutiny Committee considers the draft work programme at Appendix A and amends as appropriate

For further information please contact Michelle McHugh, Overview and Scrutiny Manager, Tel: 01926 412144 E-mail [michellemchugh@warwickshire.gov.uk](mailto:michellemchugh@warwickshire.gov.uk) or Ann Mawdsley, Principal Committee Administrator, Tel: 01926 418079 E-mail [annmawdsley@warwickshire.gov.uk](mailto:annmawdsley@warwickshire.gov.uk).

### **10. Any Other Items**

which the Chair decides are urgent.

**JIM GRAHAM**  
**Chief Executive**

## **Adult Social Care and Health Overview and Scrutiny Committee Membership**

Councillors Martyn Ashford, Penny Bould, Les Caborn (Chair), Jose Compton, Richard Dodd, Kate Rolfe (S), Dave Shilton (Vice Chair), Sid Tooth(S), Angela Warner and Claire Watson.

**District and Borough Councillors (5-voting on health matters)** One Member from each district/borough in Warwickshire. Each must be a member of an Overview and Scrutiny Committee of their authority:

North Warwickshire Borough Council:	Councillor Wendy Smitten
Nuneaton and Bedworth Borough Council:	Councillor Bill Hancox
Rugby Borough Council	Councillor Sally Bragg
Stratford-on-Avon District Council	Councillor Helen Haytor
Warwick District Council:	Councillor Michael Kinson OBE

**Portfolio Holders:-** Councillor Izzi Seccombe (Adult Social Care)  
Councillor Bob Stevens (Health)

## **The reports referred to are available in large print if requested**

**General Enquiries:** Please contact Ann Mawdsley on 01926 418079  
E-mail: [annmawdsley@warwickshire.gov.uk](mailto:annmawdsley@warwickshire.gov.uk).

**Enquiries about specific reports:** Please contact the officers named in the reports.

## AGENDA MANAGEMENT SHEET

**Name of Committee**

**Adult Social Care and Health OSC**

**Date of Committee**

**12th October 2010**

**Report Title**

**Future Model for Emergency and Urgent Care Services at the Hospital St Cross**

**Summary**

Following the University Hospitals Coventry and Warwickshire NHS Trust's notice to NHS Warwickshire that they could no longer provide urgent care services at the Hospital of St Cross in its current form, NHS Warwickshire has proposed two options for the future model of urgent care services for the hospital. This went out to public consultation on the 26th July and will finish on the 18th October 2010. A Councillor Task and Finish Group was set up to review the consultation process and consider the two options suggested by NHS Warwickshire. This is a report of their findings and their suggested recommendations for NHS Warwickshire and Hospital of St Cross Rugby.

**For further information please contact:**

Alwin McGibbon  
Overview and Scrutiny Officer  
Tel: 01926 412075  
alwinmcgibbon@warwickshire.gov.uk

Michelle McHugh  
Overview and Scrutiny Manager  
Tel: 01926 412144  
michellemchugh@warwickshire.gov.uk

**Would the recommended decision be contrary to the Budget and Policy Framework?**

No.

**Background papers**

Consultation Document

### CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

Other Committees

☐ .....

Local Member(s)

☒ N/A

Other Elected Members

☒ Cllr Les Caborn, Cllr David Shilton, Cllr Sid Tooth, Cllr Kate Rolfe

Cabinet Member

☒ Cllr Bob Stevens, Cllr Izzy Seccombe

Chief Executive

☐ .....

- |                           |                                     |                  |
|---------------------------|-------------------------------------|------------------|
| Legal                     | <input checked="" type="checkbox"/> | Alison Hallworth |
| Finance                   | <input type="checkbox"/>            | .....            |
| Other Strategic Directors | <input type="checkbox"/>            | .....            |
| District Councils         | <input type="checkbox"/>            | .....            |
| Health Authority          | <input type="checkbox"/>            | .....            |
| Police                    | <input type="checkbox"/>            | .....            |
| Other Bodies/Individuals  | <input type="checkbox"/>            | .....            |

**FINAL DECISION NO**

**SUGGESTED NEXT STEPS:**

Details to be specified

- |   |                                     |       |
|---|-------------------------------------|-------|
| Further consideration by this Committee | <input checked="" type="checkbox"/> |       |
| To Council                              | <input type="checkbox"/>            | ..... |
| To Cabinet                              | <input type="checkbox"/>            | ..... |
| To an O & S Committee                   | <input type="checkbox"/>            | ..... |
| To an Area Committee                    | <input type="checkbox"/>            | ..... |
| Further Consultation                    | <input type="checkbox"/>            | ..... |

## **Agenda No**

### **Adult Social Care and Health Overview and Scrutiny Committee - 12th October 2010.**

#### **Future Model for Emergency and Urgent Care Services at the Hospital of St Cross**

#### **Report of the Strategic Director Customers, Workforce and Governance**

##### **Recommendations**

The Committee to:

1. Consider the Task and Finish Group's report on the future model for emergency and urgent care services for Rugby.
2. Consider and agree the recommendations of the Task and Finish Group
3. To suggest any further recommendations they may wish to make.

##### **I. Introduction**

- 1.1 A Task and Finish Group of councillors was set up to look at the consultation process and the options being proposed by NHS Warwickshire. This is a report on their findings and their recommendations for NHS Warwickshire and the University Hospitals Coventry and Warwickshire on what urgent care service would best meet the needs of Rugby residents.

DAVID CARTER  
Strategic Director Customers,  
Workforce and Governance

Shire Hall  
Warwick

09 September 2010



# **Future Model for the Delivery of Urgent and Emergency Care Services at the Hospital of St Cross Rugby**

## **Executive Summary**

The current urgent care arrangements at the Hospital of St Cross provide around the clock urgent care, but does not provide a comprehensive 'Accident and Emergency' service. The current term 'Accident and Emergency (A&E)' is misleading and the signage for the hospital could potentially put people at risk.

With changes to the way A&E and urgent care services are provided over the last ten years the University Hospitals Coventry and Warwickshire NHS Trust (UHCW) gave notice that it cannot continue to provide urgent care services at the Hospital of St Cross in its current form.

With this NHS Warwickshire (PCT) identified several options on how urgent care services could be provided at the Hospital of St Cross and two of these went out to public consultation on the 26<sup>th</sup> July. The consultation finishes on the 18<sup>th</sup> October 2010.

The two options under consideration are either:

1. The service becomes a 24 hour emergency nurse practitioner led service offering substantially the same services as currently

Or

2. The service becomes an 8am to 10pm emergency nurse practitioner-led service with medical backup offering substantially the same services as currently during those hours.

NHS Warwickshire also proposes to rename the Accident and Emergency (A&E) service at the Hospital of St Cross to reflect the services it offers.

A Task and Finish Group of councillors was set up to look at the consultation process and the options being proposed by NHS Warwickshire. The councillors on this Task and Finish Group were:

Cllr David Shilton (Chair)  
Cllr Jerry Roodhouse  
Cllr Claire Watson  
Cllr Sally Bragg (Rugby Borough Council)

The Task and Finishing group held a planning meeting on the 27<sup>th</sup> July 2010 where they agreed the scope of the review (**Appendix A**). The following is a report on their findings and their recommendations for NHS Warwickshire (PCT) and the University Hospitals Coventry and Warwickshire (UHCW) on what urgent care service would best meet the needs of Rugby residents.

## Findings

1. The Task and Finish Group agreed that the current term Accident and Emergency (A&E) is misleading and potentially puts people at risk.
2. From the meeting it was clear that the General Practitioners (GPs) did not have a consensus view on the future direction for the urgent care services at Rugby. This raised concerns about the sustainability of the service especially when the future commissioning arrangements will be the responsibility of GPs.
3. The Task and Finish Group had concerns that the PCT had not explored all potential options especially the possibility of using Out of Hours (OOHs) for medical cover. The Hospital of St Cross had considered this as an alternative option especially if OOHs can provide an extra GP to help with medical cover for minor injuries and minor illnesses, rather than using middle grade doctors or consultants. The Task and Finish Group recognise that this has not been an option offered by NHS Warwickshire, but would like it to be considered in the final decision making process.
4. Councillors that visited Loughborough Walk-In Centre were very impressed with what was provided and it was apparent that Emergency Nurse Practitioners (ENPs) were very capable and have the skills to be able to effectively provide urgent care. However from the information given at Loughborough and the Hospital of St Cross is if 24/7 ENP option is chosen there needs to be interim arrangements where medical cover is retained until enough ENPs have completed their training and have used these skills to become fully experienced in urgent care. Also there needs to be a sufficient number of ENPs employed at Rugby to enable them to continue the on-going training required to maintain these skills.
5. The visit and subsequent discussions at the meeting indicated that the public did not always use A&E services appropriately which placed a strain on the services provided. Also with the history of A&E Services being provided at St Cross some people with serious conditions still turn up at Rugby which puts them at risk because the hospital does not have the full range of services. Councillors consider whichever option is chosen that information should be widely available about the services being provided at the Hospital of St Cross and when patients should go to A&E at the University Hospital in Coventry. This will help potential patients use urgent care/walk-in arrangements and A&E services more appropriately.
6. The West Midlands Ambulance Service (WMAS) appeared to have sufficient guidance on how to deal with serious trauma cases however, it was not so clear for less serious conditions. Whichever option is chosen clear guidance should be made available to the WMAS to ensure patients attend the most appropriate hospital for their condition.
7. From the consultation document and the previous NHS Warwickshire (PCT) Board papers there appears to be no clear name for the service which could lead to confusion on what is being provided even though NHS Warwickshire has stressed there will be no real change to the services offered.

8. Suggest the PCT & UHCW could use the community forums to engage with the local community about shaping the urgent care service further and obtain their views on what the correct description of the future service could be.
9. The Task and Finish Group still had concerns regarding the consultation document and the way it is presented to members of the public especially the possible difficulties of having to resort to sticky tape before being able to send their responses back to the PCT.
10. There is some ambiguity on whether facilities such as x-ray, CT scans will be available 24/7, 7 days a week which needs clarification to ensure any patients attending at the weekend are not finding they should have travelled to Coventry or have to wait until Monday to have an x-ray.
11. There are still media concerns around the increase in attendances of people with serious conditions at A&E Department, University Hospital in Coventry since the select committee meeting which raises issues around the current capacity of the hospital in being able to meet the needs of the residents of Warwickshire and Coventry.

## **Recommendations**

The Task and Finish Group recommends:

1. NHS Warwickshire to ensure the road signage around Rugby is changed to indicate to the public that there are no A&E facilities at the Hospital of St Cross and this is implemented as a matter of urgency
2. Remain unconvinced that 24/7 medical support is not required, but suggest there should be at least a 24/7 service with medical cover during the day.
3. NHS Warwickshire to investigate the option of Out of Hours providing an extra GP or using Rugby GPs to treat minor injuries and minor illnesses with the support of UHCW.
4. A service review of the Urgent Care or Walk-in Centre, whichever name is chosen, is conducted by UHCW on an annual basis to ensure it continues to meet the needs of the Rugby population
5. If the 24/7 option with ENP cover is chosen that medical cover continues whilst training is being implemented and to ensure the ENPs have gained sufficient qualifications to manage the Urgent Care Unit/Walk-in Centre.
6. Whichever option is chosen that UHCW widely publicise what services are available via the media, GP surgeries, libraries, Hospital of St Cross Website by providing an easily printable, short leaflet. This should contain what conditions are treated or not treated at Rugby and clarification on what services will be available and at what times such as x-ray, CT Scans.

7. Whichever option is chosen that WMAS to be given clear guidance on what will be available at Hospital of St Cross.
8. In line with the proposals outlined in the new NHS White Paper, NHS Warwickshire and UHCW to liaise with Rugby GPs and draw together an action plan to ensure the service remain sustainable and report to Adult Social Care & Health OSC in six months time.
9. The PCT & UHCW use the community forums to engage with the local community about shaping the urgent care service further and obtain their views on what the correct description of the future service could be. The name chosen should be clearly defined with information about the conditions the Hospital of St Cross will treat.
10. NHS Warwickshire to ensure that all future consultation documents are changed, as suggested previously by Health OSC, to ensure the public can respond more easily when sending back their comments/suggestions back to the PCT. Adult Social Care & Health OSC to monitor future consultation documents to ensure these changes take place.
11. With concerns being raised about recent increase in attendances in the A & E Department at the University Hospital in Coventry that an urgent review of A&E services at Coventry is carried out by UHCW to identify what has caused this increase in attendance to see if there are any measures that could be taken to resolve this matter.

## 1. Introduction

- 1.1 The organisation of emergency and care services in Rugby has changed significantly. Advances in medical treatment has created a networked pathway of care for patients with life threatening conditions which are diverted away from the Hospital of St Cross so they can receive the most up to date treatment. A Walk in Centre was developed to see patients with minor illness but the change in case mix and activity volumes has left Rugby with a patchwork of urgent and emergency care services that are not easily described and understood by all members of the public. The service over time has become clinically limited and is no longer sustainable over the long term and cannot meet the standards for staffing expected of a full accident and emergency service. University Hospitals Coventry and Warwickshire NHS Trust (UHCW) has formally given notice to NHS Warwickshire that the service cannot continue in its current form.
- 1.2 NHS Warwickshire Board considered the following potential options (Table A) below for a new model of service for emergency and urgent care in Rugby with the involvement of local GPs and hospital staff. On the grounds of clinical safety and patient choice local GPs and hospital staff agreed three of the options were viable. Following NHS Warwickshire Board meeting two options were agreed to go out to public consultation, either an 8am to 10pm service supported by a doctor or a 24 hour Emergency Nurse Practitioner Service. The option of an 8am – 8pm Emergency Nurse Practitioner service was dropped as it offered less patient choice than either of the other two options.

Table A

Option	Description	Proposal and Key Deliverables
1	Maintain current medically led limited A & E service at the Hospital of St Cross	<ul style="list-style-type: none"><li>• Service continue to be delivered as they are now</li><li>• Duplication of resources and poor value for money will continue</li><li>• Clinical and operational risks outlined above will continue</li></ul>
2	Designate the Hospital of St Cross as a Minor Injuries Unit	<ul style="list-style-type: none"><li>• Provides a limited range of services for patients having accidents</li><li>• Minor illness would be managed through patients own GPs and/or the GP Out of Hours service</li><li>• All 999 attendances directed to the University Hospital</li></ul>
3	Provide a nurse-led urgent care centre at the Hospital of St Cross	<ul style="list-style-type: none"><li>• Integrated service that is nurse-led with clearly defined clinical pathways for minor injuries and minor illness</li><li>• Medical support provided by GPs via patients own practices or Out of Hours service</li><li>• Access to daily Acute Medical Clinic at University Hospital and other diagnostic services</li><li>• Advisory support available form University Hospital supported by PACS digital imaging service</li><li>• All 999 attendances directed to University Hospital</li><li>• Limited hours model opening hours at times</li></ul>
3a	Service operates 24hrs/7 days a week	
3b	Service operates 7 days a week from 08:00-22:00	

		when service is in most demand
4	Provide a nurse-led urgent care centre with medical staff back up at the Hospital of St Cross	Integrated service that is nurse-led supported by on site middle grade doctors from 08:00 to 22:00, GPs out of hours for the 24/7 model Clearly defined clinical pathways for minor injuries and minor illness
4a	Service operates 24hrs/7 days a week	Access to daily Acute Medical Clinic at University Hospital and other diagnostic services
4b	Service operates 7 days a week from 08:00-22:00	Medical support on site to advise on decisions and referrals as necessary All 999 attendances directed to University Hospital Limited hours model targets opening hours at times when service is in most demand

1.3 The clinical risks associated with removing all access to urgent and emergency care at the Hospital of St Cross are considered to be extremely high and in particular much greater than the risks associated with the current service provision and therefore has not been considered as an option.

1.4 The two options are now out for public consultation which started on the 26<sup>th</sup> July 2010 and ends on 18<sup>th</sup> October 2010.

## 2. Benefits and Disadvantages of the Options

Table B provides a brief outline of the advantages and disadvantages for each of the options identified by NHS Warwickshire which supported their decision to consult on to two options they chose for the consultation.

Table B

Option	Advantages	Disadvantages
1	<ul style="list-style-type: none"> <li>Not publicly contentious</li> <li>Reduced access for patients to services in Rugby for patients accessing services overnight</li> </ul>	<ul style="list-style-type: none"> <li>Continuation of the current clinical and operational risks due to shortfall in medical staffing structure</li> <li>Service will continue not to be meet expected standards for urgent care services</li> <li>Service continues to exhibit duplication and poor cost effectiveness</li> </ul>
2	<ul style="list-style-type: none"> <li>Easy to describe the model to the public</li> </ul>	<ul style="list-style-type: none"> <li>Potential for minor illness to still attend the service despite the description and hence some clinical risks</li> <li>Limited clinical case mix would result in service that is difficult to staff</li> <li>Reduced access for patients to services in Rugby</li> <li>Requires additional capacity in primary care to accommodate urgent access for patients with medical illness</li> </ul>

3a	<ul style="list-style-type: none"> <li>• Retains a service for both minor illness and minor injury at the Hospital of St Cross</li> <li>• Creates a simplified model of emergency care with clearer access routes and designation of services for patients and the public</li> <li>• Reduces the possibility of patients inappropriately presenting at the Hospital of St Cross</li> <li>• Creates a sustainable clinical service in terms of workforce and delivery of expected standards</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of flexibility of staffing to respond to unexpected attendances of patients with more serious conditions</li> <li>• Lack of medical support in the department may make nursing posts more difficult to recruit</li> </ul>
3b	<ul style="list-style-type: none"> <li>• Retains a service for both minor illness and minor injury at the Hospital of St Cross</li> <li>• Creates a simplified model of emergency care with clearer access routes and designation of services for patients and the public</li> <li>• Reduces the possibility of patients inappropriately presenting at hospital of St Cross</li> <li>• Creates a sustainable clinical service in terms of workforce and delivery of expected standards</li> <li>• Aligns services and staffing to match times of greatest demand and so improves cost effectiveness of the services</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of flexibility of staffing to respond to unexpected attendances of patients with more serious conditions</li> <li>• Lack of medical support in the department may make nursing posts more difficult to recruit to</li> <li>• Reduced access for patients to services in Rugby for patients accessing services overnight</li> </ul>
4a	<ul style="list-style-type: none"> <li>• Retains a service for both minor illness and minor injury at the Hospital of St Cross</li> <li>• Creates a simplified model of emergency care with clearer access routes and designation of services for patients and the public</li> <li>• Reduces the possibility of patients inappropriately presenting at Hospital of St Cross and provides some flexibility of staffing to respond to unpredictable exceptional circumstances</li> <li>• Creates a sustainable clinical service in terms of workforce and delivery of expected standards</li> <li>• Availability of support makes nursing posts more attractive and hence easier to staff</li> </ul>	<ul style="list-style-type: none"> <li>• Service continues to have some duplication due to level of staffing for low volumes of patients therefore poor cost effectiveness</li> </ul>
4b	<ul style="list-style-type: none"> <li>• Retains a service for both minor illness and minor injury at the Hospital of St Cross</li> <li>• Creates a simplified model of emergency care with clearer access routes and designation of services for patients and the public</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced access for patients to services in Rugby for patients accessing services overnight</li> </ul>

	<ul style="list-style-type: none"> <li>• Reduces the possibility inappropriately presenting at the Hospital of St Cross and provides some flexibility of staffing to unpredictable exceptional circumstances</li> <li>• Creates a sustainable clinical service in terms of workforce and delivery of expected standards</li> <li>• Availability of support makes nursing posts more attractive and hence easier to staff</li> <li>• Aligns services and staffing to match times of greatest demand and so improves the cost effectiveness of the services</li> </ul>	
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### 3. Option Appraisal and Risk Analysis

#### *Non – Financial Benefits Appraisal*

3.1 Each of the options was evaluated against criteria developed by clinicians and were designed to ensure that the proposed options:

- Focuses on improving patient outcomes
- Considers patient choice
- Has support from GP commissioners
- Is based on sound clinical evidence

Table C shows a summary of the resultant scores for each option

Table C

Rank	Option	Score
1	4b	724
2	4a	715
3	3b	708
4	3a	699
5	1	356
6	2	290

3.2 They were also risked assessed against clinical and operational risks. These risks reflected the current level of risk with any other areas of risk that may be generated as a consequence of changes to the current system. The summary of the risk analysis is set out in Table D below.

Table D

Rank	Option	Score
1	3a	56
2	3b	58
3	4b	59
6	4a	57
6	1	57
6	2	83



All those ranked 6 above generated at least one red risk

- 3.3 Those identified as a red risk were excluded from consideration as a preferred option. The preferred option for NHS Warwickshire on the basis of the maximum non-financial benefits identified Option 4b and the preferred option on the basis of the least risk identified Option 3a.

#### **4. Select Committee Meeting – 27<sup>th</sup> August 2010.**

- 4.1 A select committee meeting was held on the 27<sup>th</sup> August 2010 to discuss in more detail the options being proposed with representatives from NHS Warwickshire (PCT), West Midlands Ambulance Service (WMAS), the Hospital of St Cross Rugby and Rugby GPs. The following is a summary of what was discussed at this meeting.

#### **5. NHS Warwickshire**

- 5.1 Councillors opened the discussion with concerns about the space and the difficulties older people may have in folding and sealing their responses to send back to NHS Warwickshire. They had already raised these concerns in previous consultations. The PCT replied that they had noted councillors concerns and would endeavour to review the consultation process, but unfortunately they did not have the time to change the format for this particular consultation. Another concern raised was why the contact information regarding obtaining the consultation document in other languages was only in English. The PCT responded that they would look into this matter, but felt it was an oversight on their part.
- 5.2 The PCT provided a brief outline on the services being planned for Rugby residents and the proposals for urgent care at Hospital of St Cross, Rugby. A health line for Warwickshire is being accelerated and is likely to be in operation before the national helpline. The helpline will be accessed by phoning 111 this will be an alternative to 999 which will be for emergencies only.
- 5.3 The original four options were reduced to two due to the risk assessment process showing a red risk if medical cover was retained. NHS Warwickshire considered that the combined option of having medical cover during the day and not at night was also a red risk.
- 5.4 The two options under consideration are either:
3. The service becomes a 24 hour emergency nurse practitioner led service offering substantially the same services as currently
- Or
4. The service becomes an 8am to 10pm emergency nurse practitioner-led service with medical backup offering substantially the same services as currently during those hours.

- 5.5 NHS Warwickshire also proposes to rename the Accident & Emergency service at the Hospital of St Cross to reflect the services it offers.
- 5.6 NHS Warwickshire provided the following responses to councillor questions:
- a) The training of Emergency Nurse Practitioners(ENPs) takes a year at university with a further year to consolidate the training given and put it into practice.
  - b) There were 455 admissions into Hospital of St Cross of the 17800 patients seen at Hospital in 2009/10
  - c) Looking at the options and taking into consideration the proposed new housing for Rugby, NHS Warwickshire considers this would equate to a population growth of 20,000 approx which may result in an additional 3,712 A&E attendances annually, on average 8 in a 24 hour period.
  - d) Any patients that have to be admitted to the UHCW with major trauma or major medical/surgical conditions would be transferred back to St Cross when well enough so they can continue with their treatment before returning home.
  - e) The options will provide similar services to those already being provided even with the existing medical arrangements. There are no plans to change the work arrangements for existing staff.
  - f) A good, well trained ENP is well skilled in emergency medicine whereas a doctor, especially a locum, may not have these skills. However representatives from the NHS were keen to stress that having a doctor currently is not a risk, but they perceive it would be a risk for the future, if it continues.
  - g) They consider a 24/7 consistency of outcome does not mean there is a need for 24/7 services
  - h) NHS Warwickshire have concerns that the public may still present at Hospital of St Cross. They have taken this into consideration and want the public view on this. However cover would still be available from the University Hospital at Coventry. Hospital of St Cross does have computer links with the University Hospital where x-rays and scans in Rugby can be shared with doctors in Coventry to help with diagnosis.
  - i) Councillors raised concerns that if the 24/7 service was no longer available and there is a locked door after 10pm, how would doctor cover be provided? People accessing the OOHs service would not be given an appointment after this time. They can visit a patient's home if required or patients would be asked to attend the Walk in Centre in the morning. Others requiring treatment for minor injuries that can't wait would be referred to the University Hospital in Coventry.
  - j) Recent media coverage suggested that the A&E Department at the University Hospital in Coventry did not have the capacity to accommodate the people

from Coventry and Warwickshire that require treatment. Apparently concerns were raised regarding 550 attendances in a 24 hour period. A consultant from the UHCW explained she was working that day and they did manage to accommodate all patients in A&E that attended and was not unusual to see that number of patients when it's very busy. Problems did occur when placing patients into appropriate setting either admission onto a ward or arranging discharge. However the situation is not helped when approximately a third of patients use A&E inappropriately. In Rugby's instance this is only 1 or 2 a day. They consider the Warwickshire Helpline will help to reduce these numbers, the adoption of a whole system approach to care with GP's and the setting up of a virtual ward in Rugby.

## **6. West Midlands Ambulance Service**

- 6.1 Following councillors questions West Midlands Ambulance Service (WMAS) confirmed that diagnosis by telephone is not always correct as it is very dependent on the information given by the person on the other end of the phone. If insufficient detail is given chest pain may be diagnosed as indigestion rather than a more serious heart attack. However the paramedics are trained to adapt to such situations.
- 6.2 They explained from the time the patient is assessed to admission takes approximately 2 hours and the WMAS gave an example of a patient with chest pains. The crew would be required to travel to the patient and assess them takes 15 to-20 minutes, then the crew would travel with the patient to the University Hospital which takes a further 20 to 30 minutes, then with handover time of approximately an hour adds up to 2 hours for the whole process. However they have had situations where it has been longer.
- 6.3 For life threatening conditions there are very clear protocols at Rugby St Cross, but with the less serious conditions it is not quite so clear. The WMAS consider it is Important that services being provided at St Cross are clear for them.
- 6.4 There is access to diagnostics at St Cross such as bloods, radiology and an on call service day and night. A CT scanner is also available.
- 6.5 WMAS can deliver the service efficiently as long as a whole system approach is taken.
- 6.6 WMAS provided the following responses to councillors' questions
  - I. West Midlands Ambulance Service has no concerns with their crews/ staff abilities. They have a very good triage service.
  - II. When 999 is called there is are clear pathways in place to indicate which hospital WMAS should take patients such as major trauma would go to University Hospital in Coventry. However these pathways need to be reinforced.
  - III. When a patient calls 999 ambulances are managed dynamically, where the nearest available ambulance is sent to assist.

- IV. It takes an ambulance approximately 20 minutes to travel from Hospital of St Cross to Coventry. They could go a little faster but not when there is a patient on board.
- V. Paramedics have a different grade to Emergency Nurse Practitioners (ENPs) and are called Emergency Care Practitioners (ECPs). ECPs can assess and discharge patients after providing treatment. There are 25 ECPs at the moment. Commissioners for WMAS are reviewing these numbers to see whether they will employ more in the future.
- VI. Finally councillors wanted confirmation of what the golden hour covers following a serious trauma. WMAS responded that the golden hour includes the stabilisation of patients prior to admission.

## **7. Hospital of Rugby St Cross**

- 7.1 The Director of Operations Emergency Medicine Division has worked at Hospital of St Cross over the last two and half years and has been reviewing the services it offers.
- 7.2 The future for the hospital is very good but there is a need to clarify what urgent care services the public can expect at the hospital. They see 25,000 patients annually 12,000 of these are through the Walk in Centre. Most are seen during the core hours with only 1 or 2 patients after midnight. The hospital has been phasing in ENPs for some time they now have some fully qualified staff at the A & E and Walk in Centre with some new trainees starting university courses at the Coventry and Warwickshire site. The new ENPs were initially supervised by doctors, but they are now supervising themselves. Leicestershire, Birmingham and Heartlands Hospitals have a large number of ENPs. An ENP can prescribe, order their own investigations and provide treatment within an agreed set of protocols.
- 7.3 There is a drive to provide acute trauma at one site, centralised at Coventry & Warwickshire University Hospital. The recruitment for A&E services at smaller hospitals is increasingly difficult because most staff would rather work at major centres. Even though there were a number of attempts to redesign the posts at Rugby to make them more attractive the unit has been covered by locum (temporary) doctors and the University Hospital.
- 7.4 The training for A&E was removed from Hospital of St Cross in 1997 because it was recognised as no longer suitable in giving the breadth of training required for emergency medicine. Children have not been treated at the unit since 2005.
- 7.5 There is also a shortage of middle grade doctors and St Cross is only permitted to have middle and senior grades working in A&E.

## **8. Key Points Arising from the Discussion with Hospital of St Cross and the Rugby GP Representative**

- 8.1 If the 24/7 proposals were adopted it was considered appropriate to have doctors to support ENPs, but it is important that the model should be unambiguous.
- 8.2 Hospital of St Cross gave GPs the assurance that they will still be able to admit patients. However patients that require admission should be referred to the patient admissions service. This would bypass Rugby's urgent care services and avoid any unnecessary delays. The hospital does have high hopes that the virtual ward will help reduce unnecessary admissions.
- 8.3 St Cross plan to have 8-10 ENPs so if GPs do refer patients with the minor injuries or illnesses there will be cover.
- 8.4 To solve the problem of not having access to middle grade doctors the Hospital of St Cross consider Out of hours could provide 2 doctors. One GP to deal with the Out of Hours and the other GP to provide cover for minor injuries and illnesses when required. PCT raised concerns that this could be perceived as another option, but St Cross considers the GPs could provide cover to deal with minor injuries & minor trauma. However, it was considered important that there are clear messages to the public on what is and what is not available.
- 8.5 If the 8am to 10pm option is provided, OOHs would still be available but patients are required to phone for an appointment they cannot access this service by turning up at the walk in centre. The Out of Hours currently operates from 8am to 9.30pm.
- 8.6 The main difference between junior doctors and ENPs is that junior doctors are medically trained to have a broader understanding of a wide range of conditions and can assess patients and carry out the appropriate treatment. ENPs are trained to treat conditions via a set of protocols, but if the symptoms don't fit these protocols the ENP has to refer the patient to a doctor for treatment. ENPs can prescribe appropriately to conditions they been trained to treat, but not morphine, whereas junior doctors can prescribe any drugs that are required to treat the patient.
- 8.7 GPs in Rugby have worked at Hospital of St Cross, A & E services. They work in practice based commissioning. They have been involved in the dialogue with the proposed options for St Cross and are also involved in the proposals outlined in the new NHS White Paper. They consider that there are benefits with either of the proposals being suggested but they consider it is essential that whichever option is chosen it is not ambiguous.
- 8.8 The GP's were divided 50/50 about the options being proposed and whether there should be medical cover. They have not provided a particular steer either way.

- 8.9 The 24/7 service is considered not sustainable with medical cover, but the suggestion of Out of Hours being able to provide a second GP has provided an alternative option.
- 8.10 Concerns were raised about the sustainability of OOHs providing 2 doctors - it was considered important that this option was robust. There are only 6/7 patients per night on average with population growth of 20,000 would only create 1-2 patients extra per night.
- 8.11 Consideration need to be given on whether having an extra doctor to provide medical cover would provide value for money. ENPs can see 95% of all cases.
- 8.12 The NHS White Paper suggests that GPs will be expected to provide night cover but they are not keen to go back to how things were before and want to continue commissioning OOHs Service.
- 8.13 GPs endorsed operational safe options
- 8.14 Whichever option is agreed information about the changes to the service and what Urgent Care the Hospital of St Cross provides will be communicated to the public? UHCW and PCT communication teams will pick this up after the consultation
- 8.15 Councillors asked NHS Warwickshire to provide information on how many patients use the Out of Hours service at night and attendances by postcode broken down by ward.
- 8.16 Also NHS Warwickshire provided a list of public meetings that they have held with the public and key stakeholders during the consultation period.

## **9. Visit to Loughborough Walk in Centre Minor Injuries and Illnesses Unit**

- 9.1 Councillors Watson and Roodhouse visited the Loughborough Walk-In Centre in Leicester. They found it difficult to find as there was no road signage at all. They were informed that NHS Leicestershire County and Rutland (PCT) did not allow any signage or advertising of the centre. Those that needed to attend were advised by NHS Direct on where to go, others find out by word of mouth.
- 9.2 The Walk-In Centre is a new purpose built building, built along side a medical centre with a large car park at the rear. Parking was FREE!
- 9.3 Adults and children of any age can attend the Walk-in Centre. Patients arrive directly into Reception and give details to the receptionist.
- 9.4 The screening nurse sees patients (triage) to determine:
- whether the complaint is an illness or an injury
  - urgency of complaint
  - whether there is a need to see a clinician or not

Patients are then taken into consultation rooms for treatment.

- 9.5 They do accept patients brought in by ambulance but the ambulance service are aware of the type of conditions that can be treated at the centre. Patients arriving by ambulance are screened by a nurse in the ambulance, if there is a need to transfer the patient to an A & E Department the ambulance can transport them directly, without causing unnecessary upset or distress to the patient.
- 9.6 There are X-ray facilities available on site, with the services of a radiologist to report the results, from 8.30am – 5pm (closed 1hr for lunch). This can cause a problem during the weekends for patients requiring this service. However those that want to can attend an A&E Department, others 'grin and bear' it with treatment to help them over the weekend until Monday. X-rays are not given to children under 5 years.
- 9.7 Senior nurses are prescribing nurses so can dispense medicines as required, but the centre does not have a pharmacy. There have been some instances where patients trying to avoid waiting at a GP surgery have attended asking for repeat prescriptions, but these are turned away. The services were occasionally inappropriately used by patients such as pretending to have an 'asthma attack' in the hope of a replacement as their inhalers were nearly empty.
- 9.8 A security guard is present late in the evening and throughout the night. As well as being available at the centre he also escorts the nurses to the car park when their late shift finishes. There was a 12 camera CCTV system in place covering all aspects of the centre.

The conditions **seen** at the Walk-In are:

- Sore throats, earache
- Bites and Stings
- Minor breaks
- Minor cuts and wounds
- Muscle and joint injuries
- Suturing (stitches)
- Skin complaints – rashes and skin infections
- Minor eye injuries – foreign bodies and conjunctivitis
- Urinary infections – e.g. cystitis and women's problems such as thrush

The conditions **not** seen are:

- Overdoses
- Neck injuries
- Stab wounds
- Chest wounds
- Multiple injuries
- Life threatening injuries
- Dislocated joints
- Dental problems

- 9.9 The nurses working in this environment are required to be “independent, proactive and strong willed” as there is no chance to lead anyone. They also require a large amount of training which is paramount to run the centre effectively. They spend the equivalent of nearly 4 months a year in training (statutory and professional). Nurses are banded by their experience. They are either trained to treat illnesses or injuries, although most are dual trained:
- 9.10 There are 6 nurses on an early and late shift and 2 on the night shift. Each shift requires 3 ENPs (Band 7 or above) one to act as the Screening Nurse and the other 2 along with the 3 Emergency Nurses (Band 6) available to treat the patients. Screening can be hectic (depending on number of patients) and so the position needs to be rotated throughout the shifts. Nurses always ask the patient if they are happy to be treated by a nurse and most are.
- 9.11 An OOHs facility is available on the same site but is run separately. The two GPs that provide this service are not based on the site, but are on call at the times outlined below. They are only paid for being on call and for the time when called out, but not for the shift. The service is available from 6.30pm to 8.00am Monday to Friday and all day Saturday and Sunday. The Walk-In staff can take phone calls and call out the GP as required. There are 3 clinical sessions held in the centre by GPs during the day to see patients from the OOHs service.
- 9.12 The councillors that attended consider the Walk-In Centre seems to work well being purpose built. They see between 60 -70,000 patients during the year; averaging about 1200 per week as in Rugby there is a marked reduction during the night.
- 9.13 The nurses are very well qualified and patients seem happy with their treatment many preferring to attend the centre than going to A&E.
- 9.14 The nearest A&E Departments are based in Leicester Royal Infirmary (about 12 miles away), Queens Medical Centre at Nottingham (about 20 miles away) and at Derby.
- 9.15 There is a very minor medical centre at Loughborough University but most of the injured attend the centre, therefore there is a drop in numbers during the summer time (also partly to the “Leicester fortnight”)

## **10. Findings**

- 10.1 The Task and Finish Group agreed that the current term Accident and Emergency (A&E) is misleading and potentially puts people at risk.
- 10.2 From the meeting it was clear that the General Practitioners (GPs) did not have a consensus view on the future direction for the urgent care services at Rugby. This raised concerns about the sustainability of the service especially when the future commissioning arrangements will be the responsibility of GPs.
- 10.3 The Task and Finish Group had concerns that the PCT had not explored all potential options especially the possibility of using Out of Hours (OOHs) for



medical cover. The Hospital of St Cross had considered this as an alternative option especially if OOHs can provide an extra GP to help with medical cover for minor injuries and minor illnesses, rather than using middle grade doctors or consultants. The Task and Finish Group recognise that this has not been an option offered by NHS Warwickshire, but would like it to be considered in the final decision making process.

- 10.4 Councillors that visited Loughborough Walk-In Centre were very impressed with what was provided and it was apparent that Emergency Nurse Practitioners (ENPs) were very capable and have the skills to be able to effectively provide urgent care. However from the information given at Loughborough and the Hospital of St Cross is if 24/7 ENP option is chosen there needs to be interim arrangements where medical cover is retained until enough ENPs have completed their training and have used these skills to become fully experienced in urgent care. Also there needs to be a sufficient number of ENPs employed at Rugby to enable them to continue the on-going training required to maintain these skills.
- 10.5 The visit and subsequent discussions at the meeting indicated that the public did not always use A&E services appropriately which placed a strain on the services provided. Also with the history of A&E Services being provided at St Cross some people with serious conditions still turn up at Rugby which puts them at risk because the hospital does not have the full range of services. Councillors consider whichever option is chosen that information should be widely available about the services being provided at the Hospital of St Cross and when patients should go to A&E at the University Hospital in Coventry. This will help potential patients use urgent care/walk-in arrangements and A&E services more appropriately.
- 10.6 The West Midlands Ambulance Service (WMAS) appeared to have sufficient guidance on how to deal with serious trauma cases however, it was not so clear for less serious conditions. Whichever option is chosen clear guidance should be made available to the WMAS to ensure patients attend the most appropriate hospital for their condition.
- 10.7 From the consultation document and the previous NHS Warwickshire (PCT) Board papers there appears to be no clear name for the service which could lead to confusion on what is being provided even though NHS Warwickshire has stressed there will be no real change to the services offered.
- 10.8 Suggest the PCT & UHCW could use the community forums to engage with the local community about shaping the urgent care service further and obtain their views on what the correct description of the future service could be.
- 10.9 The Task and Finish Group still had concerns regarding the consultation document and the way it is presented to members of the public especially the possible difficulties in having to resort to sticky tape before being able to send their response back to the PCT.
- 10.10 There is some ambiguity on whether facilities such as x-ray, CT scans will be available 24/7, 7 days a week which needs clarification to ensure any patients

attending at the weekend are not finding they should have travelled to Coventry or having to wait until Monday to have an x-ray.

- 10.11 There are still media concerns around the increase in attendances of people with serious conditions at A&E Department, University Hospital in Coventry since the select committee meeting which raises issues around the current capacity of the hospital in being able to meet the needs of the residents of Warwickshire and Coventry.

## **11. Recommendations**

The Task and Finish Group recommends:

- 11.1 NHS Warwickshire to ensure the road signage around Rugby is changed to indicate to the public that there are no A&E facilities at the Hospital of St Cross and this is implemented as a matter of urgency
- 11.2 Remain unconvinced that 24/7 medical support is not required, but suggest there should be at least a 24/7 service with medical cover during the day.
- 11.3 NHS Warwickshire to investigate the option of Out of Hours providing an extra GP or using Rugby GPs to treat minor injuries and minor illnesses with the support of UHCW.
- 11.4 A service review of the Urgent Care or Walk-in Centre, whichever name is chosen, is conducted on an annual basis by UHCW to ensure it continues to meet the needs of the Rugby population
- 11.5 If the 24/7 option with ENP cover is chosen that medical cover continues whilst training is being implemented and to ensure the ENPs have gained sufficient qualifications to manage the Urgent Care Unit/Walk-in Centre.
- 11.6 Whichever option is chosen that UHCW widely publicise what services are available via the media, GP surgeries, libraries, Hospital of St Cross Website by providing an easily printable, short leaflet. This should contain what conditions are treated or not treated at Rugby with clarification on what services will be available and at what times such as x-ray, CT Scans.
- 11.7 Whichever option is chosen that WMAS to be given clear guidance on what will be available at Hospital of St Cross.
- 11.8 In line with the proposals outlined in the new NHS White Paper, NHS Warwickshire and UHCW to liaise with Rugby GPs and draw together an action plan to ensure the service remain sustainable and report to Adult Social Care & Health OSC in six months time.
- 11.9 The PCT & UHCW use the community forums to engage with the local community about shaping the urgent care service further and obtain their views on what the correct description of the future service could be. The name chosen should be clearly defined with information about the conditions the Hospital of St Cross will treat.

- 11.10 NHS Warwickshire to ensure that all future consultation documents are changed, as suggested previously by Health OSC, to ensure the public can respond more easily before sending their comments/suggestions back to the PCT. Adult Social Care & Health OSC to monitor future consultation documents to ensure these changes take place.
- 11.11 With concerns being raised about recent increase in attendances in the A&E Department at the University Hospital in Coventry that an urgent review of A&E services is carried out at Coventry by UHCW to identify what has caused this increase in attendance to see if there are any measures that could be taken to resolve this matter.

<b>Review Topic</b> (Name of review)	<b>NHS Warwickshire –Consultation on future of Accident &amp; Emergency Services at St Cross Hospital Rugby</b>
<b>Panel/Working Group etc – Members</b>	Cllr Dave Shilton (Chair), Cllr Clare Watson, Cllr Sally.Bragg. Cllr Jerry Roodhouse- Warwickshire LINK representative.
<b>Key Officer Contact</b>	Wendy Lane NHS Warwickshire & Carl Holland UHCW
<b>Scrutiny Officer Support</b>	Alwin McGibbon
<b>Relevant Portfolio Holder(s)</b>	Cllr Bob Stevens
<b>Relevant Corporate/LAA Priorities/Targets</b>	N/A
<b>Timing Issues</b>	<p>NHS Warwickshire is planning to carry out a public consultation on the future <b>Accident &amp; Emergency Services at St Cross Hospital Rugby</b> from July to end date 16 October 2010). NHS Warwickshire is obliged to consult the Adult Social Care and Health OSC where a proposal involves a potential substantial change or variation in the provision of health services. The Committee will need to respond within the consultation deadline if its views are to be taken into account in formulating future proposals.</p> <p>Draft reports for member bodies are usually required 4-3 weeks before the meeting to allow for consultation. Final reports 2 weeks before the meeting as reports have to be published at least 5 clear working days before the meeting.</p>
<b>Resources</b>	<b>Resources to support the review</b> –a provisional estimate of scrutiny officer support is between 50 to 60 hours or 8-10 days depending on the actual methodology used by the review. This assumes 3 meetings with members i.e. to plan the review, an evidence session of some form and a final meeting to review the evidence and develop the recommendations. Time estimates do not include any site visits or best practice visits but do include arrangements for meetings, research time, liaison and contact with witnesses and write up of evidence and the final report.
<b>Rationale</b> (Key issues and/or reason for doing the review)	This is part of the statutory role of a Health OSC.
<b>Objectives of Review</b> (Specify exactly what the review should achieve)	To formulate a draft response to the consultation for the consideration of the Adult Social Care and Health OSC at its meeting on 12 <sup>th</sup> October 2010 to enable the OSC to make formal recommendations to NHS Warwickshire.

<p><b>Scope of the Topic</b> (What is specifically to be included/excluded)</p>	<p><u>Include</u> The following is included in the scope of the review:</p> <ul style="list-style-type: none"> <li>• Review the proposed options outlined in the Consultation document</li> <li>• Review the consultation process</li> <li>• Level and type of Urgent Care being provided at Rugby</li> <li>• Calibre of cover</li> <li>• HR – level of training provided for urgent care staff</li> <li>• Capacity of UHCW to meet needs of people in Rugby</li> <li>• Ambulance Service – to consider impact of new arrangements at UHCW</li> <li>• Out of Hours – GP's capacity to meet the patient requirements at Rugby</li> </ul> <p><u>Excluded</u> The following falls outside the scope of the review:</p> <ul style="list-style-type: none"> <li>• Acute Care resources e.g. theatres, equipment</li> <li>• Personal issues</li> <li>• Car Parks</li> <li>• Concerns over visiting, travelling times, treatment times</li> </ul>
<p><b>Indicators of Success – Outputs</b> (What factors would tell you what a good review should look like?)</p>	<ul style="list-style-type: none"> <li>• Recommendations accepted and implemented to deliver improvements</li> </ul>
<p><b>Indicators of Success – Outcomes</b> (What are the potential outcomes of the review e.g. service improvements, policy change, etc?)</p>	<ul style="list-style-type: none"> <li>• To have sustainable and appropriate accident and emergency health services for people in Rugby.</li> </ul>
<p><b>Specify Evidence Sources</b> (Background information and documents to look at)</p>	<p>Information from Spatial Strategy – expected increase in housing/population          Attendances to UHCW A &amp; E by postcode          Admissions from Rugby A &amp; E – where were they admitted UHCW or St Cross          Capacity at A &amp; E UHCW          Best Practice identified elsewhere</p>
<p><b>Specify Witnesses/Experts</b> (Who to see and when)</p>	<p>University Hospitals Coventry &amp; Warwickshire (UHCW)          NHS Warwickshire (PCT)          West Midlands Ambulance Service          GPs - Out of Hours (OOHs)          If possible a representative from a University, Kings Fund to discuss Best Practice elsewhere</p>
<p><b>Possible Co-Options</b> (Would the review benefit from any co-options e.g. community or voluntary sector representatives?)</p>	<p>None identified.</p>

<b>Specify Site Visits</b> (Where and when)		Visit to A & E Department at Hospital of St Cross, Rugby Visit to Walk-In Centre Loughborough Community Hospital	
<b>Consultation with Stakeholders</b> (Who should we consult?)		Friends of Hospital of St Cross Warwickshire Local Involvement Network - LINK Warwickshire Community and Voluntary Action - WCAVA Warwickshire Race Equality Partnership - WREP	
<b>Level of Publicity</b> (What level is appropriate and what method should be used?)		Raise awareness of WCC Select Committee Meeting at Rugby Borough Council	
<b>Barriers/Dangers/Risks</b> (Identify any weaknesses or potential pitfalls)		Lose focus/scope too big Miss the obvious Raise expectations to unreasonable levels Sustainability of any new initiatives proposed	
<b>Projected Start Date</b>	27/07/2010	<b>Draft Report Deadline</b>	14 <sup>th</sup> September 2010
<b>Meeting Frequency</b>	3 or 4 weeks	<b>Projected Completion Date</b>	12 <sup>th</sup> October 2010
<b>Meetings Dates</b>		27 <sup>th</sup> July, 27 <sup>th</sup> August and 15 <sup>th</sup> September 2010	
<b>Committee Reporting Date</b>		Adult Social Care and Health OSC 12 <sup>th</sup> October 2010	
<b>Cabinet Reporting Date</b>		N/A	
<b>When to Evaluate Impact</b>			
<b>Methods for Tracking and Evaluating</b>			

## AGENDA MANAGEMENT SHEET

**Name of Committee**                      **Adult Social Care and Health Overview and Scrutiny Committee**

**Date of Committee**                      **12<sup>th</sup> October 2010**

**Report Title**                                **Fairer Charging and Contributions**

**Summary**                                      The consultation process agreed at Cabinet on 17<sup>th</sup> June 2010 has now ended and the outcomes are available and reported here. Final options on the way forward are being presented prior to decision at Cabinet on 14<sup>th</sup> October 2010. The report includes the results of an Equality Impact Assessment.

**For further information please contact:**                      Ron Williamson  
Head of Communities & Wellbeing

Tel: 01926 742964

**Would the recommended decision be contrary to the Budget and Policy Framework?**                      No.

**Background papers**                      None.

**CONSULTATION ALREADY UNDERTAKEN:-**                      Details to be specified

Other Committees                      ☐ .....

Local Member(s)                      ☒ Not Applicable

Other Elected Members                      ☒ Councillor L Caborn, Councillor D Shilton, Councillor S Tooth, Councillor C Rolfe, Councillor C Watson

Cabinet Member                      ☒ Councillor I Seccombe, Councillor A Farnell

Chief Executive                      ☐ .....

Legal    ☒ Alison Hallworth, Adult and Community Team Leader

Finance    ☒ Chris Norton, Strategic Finance Manager

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| Other Chief Officers     | <input type="checkbox"/>            | .....  |
| District Councils        | <input type="checkbox"/>            | .....  |
| Health Authority         | <input type="checkbox"/>            | .....  |
| Police                   | <input type="checkbox"/>            | .....  |
| Other Bodies/Individuals | <input checked="" type="checkbox"/> | Janet Purcell, Cabinet Manager<br>Michelle McHugh, O&S Manager |

**FINAL DECISION NO**

**SUGGESTED NEXT STEPS:**

Details to be specified

- |   |                                     |   |
|---|-------------------------------------|---|
| Further consideration by this Committee | <input type="checkbox"/>            | .....   |
| To Council                              | <input type="checkbox"/>            | .....   |
| To Cabinet                              | <input checked="" type="checkbox"/> | A verbal report from Overview & Scrutiny Committee will be presented along with Cabinet report on this matter on 14 <sup>th</sup> October |
| To an O & S Committee                   | <input type="checkbox"/>            | .....   |
| To an Area Committee                    | <input type="checkbox"/>            | .....   |
| Further Consultation                    | <input type="checkbox"/>            | .....   |



## **Adult Social Care and Health Overview and Scrutiny Committee -12<sup>th</sup> October 2010**

### **Fairer Charges and Contributions**

#### **Report of the Interim Director of Adult Services**

##### **Recommendation**

That the Committee considers the final proposals on Fairer Charges and Contributions following the outcome of the consultation process and reports their views to Cabinet on 14<sup>th</sup> October 2010.

#### **1. Background**

- 1.1 The report attached as Appendix A consists of the final proposals to Cabinet following the three months' consultation with service users and the public, which commenced following the Cabinet meeting in June and ended on 17<sup>th</sup> September 2010.
- 1.2 The report seeks Cabinet approval to implement changes to the levels of charges within community care based on the original proposals as amended for the outcome of consultation. The Equality Impact Assessment is included as part of the Cabinet report. The full report on the outcome of the consultation process is also attached as Appendix B
- 1.3 This report is presented so that the views of the Overview and Scrutiny Committee can be presented to Cabinet on 14<sup>th</sup> October to be taken account of in their decision making.

#### **2. Scrutiny**

- 2.1 The report to Overview & Scrutiny is the same report as is being presented to Cabinet with the exception that the detailed results from the consultation are included in the Appendix to this report. The consultation report is produced by the Customer Engagement team within Adult Health & Community Services Directorate. A report is being drafted by the Warwickshire Observatory which will be available prior to the meeting and will also be placed on the Warwickshire website.
- 2.2 The Cabinet report in Appendix A summarises the findings from the consultation process and reviews the main points before arriving at the final recommended proposals

JOHN BOLTON  
Interim Director of Adult Services

Shire Hall  
Warwick

September 2010

## **Cabinet – 14<sup>th</sup> October 2010**

### **Fairer Charges and Contributions Review**

#### **Report of the Interim Director of Adult Services**

##### **Recommendation**

1. That Cabinet approve:
  - a) Changes to the charging levels for community care services as set out on Page 9 of this report in Table 1.
  - b) The change in the lower income threshold from Income Support + 40% to Income Support +25% to apply from December 2010;
  - d) That the maximum weekly charge (currently set at £387.13) be removed for all new service users from December 2010 and for all existing service users from April 2012;
  - e) That all charging levels continue to be subject to a report to Overview & Scrutiny on an annual basis in terms of review of full cost and inflation
2. That the Cabinet declare an intention to move towards one single contribution rate for personal budgets from April 2012 and that a further review should take place in due course
3. The changes outlined above as indicated for December 2010, April 2011, October 2011 and April 2012 should come into force on the following actual dates (being the first Monday in the month):
  - 6<sup>th</sup> December 2010
  - 4<sup>th</sup> April 2011
  - 3<sup>rd</sup> October 2011
  - 2<sup>nd</sup> April 2012
4. That the Cabinet notes that the estimated financial impact of the charging review based on the above recommendations exceeds the original target as set out in Paragraph 8.1

## **1. Background**

- 1.1 At its meeting on 17<sup>th</sup> June this year, Cabinet received a report on Fairer Charges and Contributions and approved the undertaking of a consultation

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process with the public on the following principles:

- a) That the Council will not subsidise the full cost of care so that the full cost is taken into account when people are assessed as to their contribution;
- b) That no one with weekly income less than income support plus 25% should be required to pay towards their services;
- c) That any new proposals will ensure that the financial targets set for income collection are met or exceeded;
- d) That officers investigate how insurance products might become available to assist people to reduce the future burden of care costs;
- e) That a report on the outcome of the consultation and firm proposals for change be brought to the Cabinet in October following review by Overview & Scrutiny Committee.

1.2 The three month consultation process ended on 17<sup>th</sup> September 2010. The results have been analysed and firm proposals are now being brought forward for consideration. A report has been taken to the Overview & Scrutiny Committee on 12<sup>th</sup> October and their report will be available for the meeting.

1.3 This report should be read in conjunction with the report to 17<sup>th</sup> June Cabinet which contained all the background information relevant to the proposals.

## 2. The Consultation Process

2.1 The consultation process consisted of:

- Letters and consultation pack sent to all service users and made available electronically for general use on the Warwickshire web;
- A further 1,765 consultation packs distributed to libraries, doctors surgeries, one-stop shops, parish councils, voluntary sector organisations & community groups
- A programme of 7 public meetings and 24 other meetings held for day centres, community groups, partnership boards and representatives from voluntary bodies run by the Customer Engagement team;
- A Helpline operated from 9.30 to 12.30 Mondays to Thursdays and from 9.00 to 5.00 on Fridays.

The public meetings which were held in the five main towns were all led by the Head of Service and in most cases jointly with the Cabinet member, Cllr Mrs Izzi Seccombe. There were 203 in attendance at the public meetings and over 400 at other meetings.

2.2 The framework of the questionnaire was a series of questions with a scaled response (strongly agree to strongly disagree) and room for comment on each question. A summary of the content was as follows :

- The removal of subsidy from all service costs (70% of total respondents disagreed or strongly disagreed)
- Charging people the full cost so that the Council can continue to offer as wide a range of services as possible (67% of total respondents disagreed or strongly disagreed)

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- The removal of the maximum weekly charge currently set at £387.13 (evenly spread but 53% of total respondents want it retained)
- Return to a policy of Income Support +25% in line with government guidance (evenly spread but around 40% of total respondents didn't know or didn't understand)
- The phasing of increases and the timescales (evenly spread on the phasing but around 56% of total respondents thought the timescales unreasonable)
- Should we increase charges to fund services, reduce services or find other ways (over 50% thought charges should go up but nearly 30% of total respondents thought other means should be found elsewhere in the Council)

### 2.3 The outcome of the consultation has been determined from:

- 829 hard copy returns
- 79 on-line returns
- Written submissions from groups
- Taped recordings and notes from each meeting held.

### 2.4 The full analysis of results from questionnaires and meetings has been made available to the Overview & Scrutiny Committee and a summary will be available on the Warwickshire website, published by the Warwickshire Observatory. A summary of results is given at Appendix 1. The percentages given in Para. 2.2 above include those who answered "don't know. (In the Warwickshire Observatory analyses, these are eliminated from the headline figures)

## 3. Major Themes from the Consultation

### 3.1 General comments:

The majority of respondents generally understood the current economic situation facing the Council and the reasons for the changes. However, despite giving people assurances that those people on low incomes would not be affected, many found this difficult to relate back to the context of their own lives. There was a qualitative difference in response and understanding that customers showed between those who attended the meetings and could engage with the better understanding of the issues and those who completed the questionnaires with less opportunity to ask questions.

### 3.2 Affordability:

Understandably, people's primary concerns were around affordability and the impact on the quality of their daily lives. The majority of respondents were not opposed to having to incur a slight increase for services, but felt that the level of increase for charges particularly, for day care, respite & transport was too steep. A significant percentage of people (13%) said that they may have to consider either cancelling or reducing their care services because they were concerned that they would not be able to afford to pay the increased charges, particularly when taking into account the affect on their financial ability to pay

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other household bills.

### 3.3 Timescales:

There was also a strong response regarding the timescales for implementing the increases which respondents felt were too tight and should be phased in over a longer period. People were concerned about not being able to financially manage with the proposed timescales but were generally in agreement with a staged implementation if more reasonable timescales could be agreed upon.

### 3.4 Categories of Respondent:

#### a) Client groups:

The main concerns voiced from older people were that they felt they were being penalised for having saved all their lives. Adults with a learning or physical disability and their carers recognised and acknowledged the importance of financially protecting people who cannot afford to pay, but there was a general consensus that where people could afford to pay that they should.

#### b) Ethnicity:

People from Black & Minority Ethnic groups were concerned that they would become socially isolated if service was removed due to eligibility criteria. This is not an effect of charging but more related to reviews of day services.

#### c) Carers:

Most concerns were raised by Family Carers on the impact on their caring role if the person they care for, decided to reduce or cancel their services because they felt they could not afford to pay the increased charges. This significant impact needs to be seriously considered to ensure that there is a balance of enabling carers to continue caring in the community without reaching crisis point which might put increased pressures on the need for additional services.

### 3.5 Other Significant Issues:

#### a) There was a strong response put forward at meetings regarding the quality of care services. People wanted a guarantee that the quality of care services would be closely monitored and would reflect the increased cost of the service charged to the customer. There was a consistent view expressed at public meetings that quality was inadequate and that something more needed to be done about it.

#### b) An issue frequently raised at the public meetings was that the Councils forecasts of increased income in its savings plans would need to be offset by the fact that:

- Many currently paying the full cost would see their savings depleted to a level at which they would then come within financial assessment;
- The likelihood that people would reduce their packages of home care or

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stop attending day centres. The Council would then have to reduce service availability even further to reduce its costs.

- c) The views expressed at some public meetings was that people should be charged the actual cost of their services not the average full cost i.e. the £16.45 proposed for home care. This would accord with the principles which should apply under personal budgets (see Para. 5.3)
- d) Of those who did not consider that charges should be increased (less than 50%), there was a significant view from respondents that the council should be exploring other options particularly in relation to non-essential services e.g. libraries, councillors expenses and including the council reviewing their current staffing structures and administration costs.

### **4. Review of Draft Proposals**

- 4.1 The responses to the consultation clearly demonstrate opposition to the Cabinet's proposals and the issues raised need to be understood and reflected upon in developing the final outcome. At the same time, the Cabinet minutes from the June meeting gave clear direction that the final proposals must ensure that financial targets are achieved or exceeded (see 1.1(c) above). The aim must therefore be to achieve this criteria whilst at the same time, easing the nature of the proposals for those using our services.
- 4.2 The Directorate has prepared savings plans which are currently under consideration within the Council and will be made public within the current budget cycle. As part of the consultation, the public have been engaged on the forecast need to reduce budgets across the Council by 25% and that adult social care is expected to develop proposals amounting to over £25m to do so. As stated earlier, there has been a good understanding from the public of the difficulties faced by the Council as a result of the economic climate and also that charges would have to rise to some extent. At present, there is little or no likelihood of increasing the level of savings from other means and therefore the specific targets around charging must still be achieved.
- 4.3 Understandably, affordability has been the main concern being raised during the consultation.

The issues here are partly governed by the overall level of the charges but particularly the very short timescales over which increases are currently proposed. The Cabinet could therefore partially address the issues raised through extension of these timescales. This is possible as there is scope for the Cabinet to still achieve the financial targets provided that other aspects of the change are introduced at the outset as follows:

- The change in the low income threshold from +40% to +25% is clearly in line with practice elsewhere and is significant in terms of additional income raised (over £1m). There is less opposition to change here and the impact is relatively more affordable. However, the change affects a large number of service users from the low to middle income groups. Although the concept was understood at public meetings, this was not so clear from

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results in the questionnaires. Taking all this into account, it seems most important to bring the treatment of low income into line with other councils from December and therefore this proposal is included in Section 5

- There was also relatively less opposition to removal of the maximum charge of £387.13. Its removal for new customers as soon as possible is important in terms of service users making the right choices going forward based on their own ability to pay. For existing customers who made choices based on the existence of the “cap”, it could have significant additional adverse effects. This is not the most significant aspect of changes in terms of the financial benefits to the Council but for a small number of service users, there would be a large impact. Implementation for new service users from December but protection for existing service users until April 2012 is therefore part of the proposal in Section 5.
- The £51.80 charge for respite should be introduced from the outset as this level of charge reflects the weekly residential rates (£387.13 internally but £363 in independent sector) and also that the impact will be offset to a varied extent by savings for service users on home care packages as these will no longer be charged for during respite periods. The proposal to move to a single charge for respite care of £51.80/day from December 2010 is included as part of the proposal in Section 5.

Implementation of the above elements at the earliest stage as described here does provide Cabinet with the ability to phase in the main increases in charges thus easing concerns about immediate affordability while enabling financial targets to be achieved. The phasing may also help prevent moves by service users to reduce service levels which is the main concern of carers.

### 4.4 Other main areas of concern were also raised where the Cabinet may feel that they are able to respond, again linked to rephrasing of the timescales:

- For some service users, the significant increases planned for day care and transport will have a particularly severe impact as they come as part of the overall package of care. It was accepted during the consultation that it would be inequitable to introduce a £9 charge per journey across the board irrespective of distance. A solution to this might be a charge based on mileage or a banded rate. At the same time, there will be difficulties in maintaining subsidised rates within day care as personal budgets become the norm. Further work is therefore necessary in these areas and therefore, it is recommended that further review takes place in both while the rates are incrementally increased.
- Concerns about the use of average rates can be addressed through the application of the actual costs in personal budgets. This will ensure that there is clearer accountability based on the choices made by service users.

## 5. Revised Proposals

### 5.1 The final proposals following consultation are as follows:

- a) Revised Increases in the Maximum Charges:



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**Table 1**

		<b>Current</b>	<b>Dec 2010</b>	<b>April 2011</b>	<b>Oct 2011</b>	<b>April 2012</b>
Home Care/Hr	Original	£9.66	£12.34	£16.45	£16.45	£16.45
	<b>Revised</b>	<b>£9.66</b>	<b>£11.36</b>	<b>£13.06</b>	<b>£14.75</b>	<b>£16.45</b>
Day Care/day	Original	£5.55	£20.00	£25.00	£25.00	£25.00
	<b>Revised</b>	<b>£5.55</b>	<b>£10.43</b>	<b>£15.32</b>	<b>Subject to review</b>	
Respite/day	Original	£4.13	£51.80	£51.80	£51.80	£51.80
	<b>Revised</b>	<b>£4.13</b>	<b>£51.80</b>	<b>£51.80</b>	<b>£51.80</b>	<b>£51.80</b>
Direct Payments/Hr	Original	£9.66	£10.00	£10.53	£10.53	£10.53
	<b>Revised</b>	<b>£9.66</b>	<b>£10.00</b>	<b>£10.53</b>	<b>£10.53</b>	<b>£10.53</b>
Telecare/wk	Original	£4.76	£4.76	£4.76	£4.76	£4.76
	<b>Revised</b>	<b>£4.76</b>	<b>£4.76</b>	<b>£4.76</b>	<b>£4.76</b>	<b>£4.76</b>
Transport/journey	Original	£1.33	£6.75	£9.00	£9.00	£9.00
	<b>Revised</b>	<b>£1.33</b>	<b>£3.25</b>	<b>£5.17</b>	<b>Subject to review</b>	
Other Chargeable Services		58.7%	75%	100%	100%	

NB:

1. The existing £4.13/day for respite is in addition to community care charges which continue during the period of respite.
2. The increased charge for direct payments removes the benefit given for the administration in relation to personal assistants.
3. There may be changes for inflation during the period to April 2012 and the actual charges will be set based on updated information at the time of each change – therefore the actual charge at a point in time could be slightly higher or lower than the figures above. However, after this point, charges would be subject to annual review for April each year.
4. The “other chargeable services” line in the table above is intended to allow for the increase to a 100% contribution rate for chargeable services under personal budgets. This contribution rate will supersede all other rates once the full review of transport and day care has been completed and results implemented.

b) Low Income Threshold :

The financial assessment procedures to be amended from Income Support +40% to +25% to be introduced from December 2010;

c) Maximum Weekly Charge:

The maximum weekly charge currently set at £387.13 to be removed for new customers from December 2010 but for existing customers from April 2012.

d) Moving from Planned to Actual:

A commitment has been given at the Cabinet meeting on 17<sup>th</sup> June to the introduction of charging based on actual service received rather than the planned package. This will be implemented from the date of the first increase in charges as approved by Cabinet (recommendation - December 2010).

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5.2 The changes outlined in Section 5.1 above as indicated for December 2010, April 2011, October 2011 and April 2012 should come into force on the following actual dates (being the first Monday in the month):

- 6<sup>th</sup> December 2010
- 4<sup>th</sup> April 2011
- 3<sup>rd</sup> October 2011
- 2<sup>nd</sup> April 2012

### 5.3 Personal Budgets:

All service users will be on personal budgets by April 2012 and there will be a mix in the intervening period of those on traditional services and people with personal budgets. The key principles of the Government's guidance on Fairer Contributions was that:

- that there must be equity between those charged for traditional services and those on personal budgets;
- a single contribution rate should apply;
- that changes are introduced at a pace that is fair to all

With different levels of subsidy between services (home care at 100% and day care 44%), the second of these principles cannot immediately be achieved. Where service users on personal budgets continue to receive day care services, complex calculations will be required. The Cabinet should therefore consider how to move its policy forward to achieve harmony of contribution rates. Longer-term, this could be achieved through raising further the day care rates on a per client group basis after April 2012.

## 6. Impact on Ability to Pay

6.1 The revised charges indicated above will be applied to each service user according to their ability to pay through the Fairer Charging & Contributions policy. The following is the estimated effect on numbers of service users paying charges:

Table 2

Service Users	Current		Effect of Proposals	
	No.	%	Estimated No.	%
Paying the full charge	2,372	36.0%	2,281	34.6%
Paying an assessed charge	1,938	29.4%	2,657	40.3%
Paying no charge	2,282	34.6%	1,654	25.1%

6.2 The 4 stage move towards the revised charging levels will have the following effects for the respective client groups by April 2012 based on current numbers of service users:

Table 3

<b>Client Groups</b>	<b>Estimated No. of service users</b>	<b>No increase</b>	<b>&lt; £500pa</b>	<b>£500 to £1,000pa</b>	<b>£1,001 to £2,000 pa</b>	<b>&gt;£2,001 pa</b>
Elderly & Phys Disability	5,771	32%	26%	22%	12%	8%
Learning Disability	765	48%	15%	28%	5%	4%
Mental Health	56	52%	13%	16%	9%	11%

A large proportion of the less than £500pa change results from the change in the low income threshold.

## 7. Areas for Further Review

### 7.1 Quality:

As discussed earlier, an area of considerable concern for respondents to the consultation was that if charges were to increase that more resources needed to be invested in improving quality of services. To varying extent, a view is held that there are too many examples of inadequate service delivery at present but with the pursuit of savings plans, the situation could deteriorate further. There is a need to reassure the public and others as to the way forward in this area and this is best picked up through the review and re-commissioning of the domiciliary care contracts during the next twelve months.

### 7.2 Potential Effects on Service Take-Up:

In Para. 3.2, the view from consultation meetings that significant increases in charges will lead to reduced take-up of services, was recorded. The Directorate will wish to avoid such effects if possible whilst acknowledging that service packages may also reduce for reasons which are appropriate i.e. due to the positive changes to the models of service delivery. Officers will therefore seek to identify in the monitoring arrangements, the patterns which emerge as a result of changes to charging levels.

### 7.3 Actual Costs:

Linked with the move to personal budgets is the concept that people should be charged the full cost of the service that they personally consume rather the average calculated on a county-wide basis. This is the only way to ensure true accountability for costs. Improvements in IT systems may be required before this change could be introduced.

## 8. Financial Impact on Savings Plans

- 8.1 Finance staff will have to re-assess charges for all service users for December 2010, April 2011, October 2011 and April 2012.

Table 4

	2010/11	2011/12	2012/13	2013/14
Original	769	2,776	3,100	3,100
Revised	667	3,011	3,907	3,917

The increase in income principally comes from not having included options around lowering the low income threshold as part of the original savings plan. Of the total, 85% of the increase relates to home care charges.

### Assumptions:

The increase in income is based on accurate work on the existing service user database for homecare, day care and transport only broader estimates of additional income from respite care charges. Allowance approximating to 10% have been made for:

- reductions in service demand at the same level.
- reductions in personal savings levels affecting full cost recovery;
- Charging for actuals replacing charging for planned care.

- 8.2 A number of changes will be required in order to introduce effective systems for charging on actual service rather than planned by December 2010. These involve upgrades to ICT, revisions to invoicing procedures for providers etc. Interim arrangements will be made whilst these changes take place but there may be temporary cost implications which will offset against the forecast savings in the table.

## 9. Charging Policy

- 9.1 Following Cabinet decision, a revised Charging and Contributions Policy will be drawn up based on the following:

- The services to be included/excluded;
- Service user exclusions;
- How charging applies to traditional services and personal budgets;
- What constitutes service [actual now as opposed to planned and rules around how this applies];
- The procedures applicable to fairer charging/contributions within Warwickshire including what constitutes disability related expenditure.

- 9.2 The draft policy will be reported back to the Overview & Scrutiny Committee. It will then be publicised on the Warwickshire website and made available in leaflet form to new and existing service users.

## **10. Equality Impact Assessment**

10.1 The full Equality Impact Assessment is included at Appendix 2.

This EIA has looked separately at the effects on:

- Different Client group
- People with disabilities
- Different age groups
- Ethnicity
- Religious affiliation
- Income groups

Comments are included within the Assessment on any adverse impacts and their significance. The recommendations are designed to address impacts as far as possible at this stage and the areas in paragraph 5.1 which are subject to further review allow scope for further development.

JOHN BOLTON  
Interim Director of Adult Services

Shire Hall  
Warwick

September 2010

## Summary Consultation Results per Question

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Question 1.1: It is proposed that subsidies would be reduced or removed and charges for home, day and respite care services, including direct payments would rise to reflect the full cost. This will include reviewing transport charges to reflect real journey costs. Do you agree with this proposal?	2%	16%	23%	47%	11%
Question 1.2: Do you think it is fair that we change for the full cost of services, so that we can then offer as wide a range of services for as many people as possible?	2%	20%	31%	36%	11%
Question 2.1: Do you think the council should retain its maximum weekly charge currently set at £387.13	23%	30%	15%	11%	21%
Question 2.2: Or, do you think that this limit of £387.13 a week should be removed, so that it is fair and equitable for all?	7%	22%	24%	24%	22%
Question 3.1: In line with government guidance, the council is proposing to return to a policy of Income Support +25%. Do you agree with this proposal?	3%	25%	15%	18%	40%


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	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know
Question 4.1: We must make sure we have an equitable way of providing services, to do this the council needs to move to full costs. In view of the outlined two stage proposal, is doing this in a staged way fair for all?	3%	26%	21%	35%	19%
Question 4.2: Do you think the timescales are reasonable?	2%	23%	21%	35%	19%

	Increase charges through a fair assessment of someone's ability to pay for those charges (as we are now proposing)	Provide services to fewer people by restricting our services only to those in greatest need	Neither of these
Question 5: The Cabinet is considering increasing charges as it needs to balance its books as it no longer gets sufficient money from Government or Council Tax collections to fund all the costs of adult social care in Warwickshire. If it were your choice, would you:	51%	19%	30%

# Warwickshire County Council

## Equality Impact Assessment for Cabinet Proposals on Fairer Charging & Contributions

<b>Directorate</b>	<b>AHCS</b>
<b>Service Area</b>	<b>Adult Social Care</b>
<b>Policy/Service being affected</b>	<b>Community Care Charging</b>
<b>Is this an investment or proposed saving?</b>	A saving – by increasing income
<b>Is this proposed saving or investment directly linked to another i.e that an investment in a new or existing service relates to a saving in another area? If so please name the linked proposal.</b>	No.
<b>Who is undertaking this assessment?</b>	Chris Norton
<b>Date of this assessment</b>	27 September 2010
<b>Signature of completing officer (to be signed after the EIA has been completed)</b>	
<b>Name and signature of Head of Service (to be signed after the EIA has been completed)</b>	Ron Williamson 
<b>Signature of DLT Equalities Champion (to be signed after the EIA is completed and signed by the completing officer)</b>	Kim Harlock
<b>Is your proposal likely to result in complaints from existing services users and/or members of the public?</b> <p style="text-align: center;"><b>YES</b></p>	
<b>If yes please flag this with your Head of Service and the Customer Relations Team as soon as possible</b>	

A copy of the Equality Impact Assessment Report including relevant data and information to be forwarded to the Directorate Equalities Champion and the Corporate Equalities & Diversity Team



## Form A1

### INITIAL SCREENING FOR BUDGET DECISIONS – DO THEY HAVE ANY RELEVANCE OR POSE ANY RISK TO ANY OF THE EQUALITIES GROUPS?



High relevance/priority



Medium relevance/priority



Low or no relevance/ priority

**Note:**

1. Tick coloured boxes appropriately, and depending on degree of relevance to each of the equality strands
2. Summaries of the legislation/guidance should be used to assist this screening process

DEPARTMENT:	Relevance/Risk to Equalities																				
State the service or proposal being assessed:	Gender inc transgender			Race			Disability			Sexual Orientation			Religion/Belief			Age			Priority status For EIA		
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Reducing subsidies in charges	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing income protection floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Removing charging limit for new customers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Are your proposals likely to impact on social inequalities e.g. child poverty for example or our most geographically disadvantaged communities																			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For saving proposals complete form A2a below

For investment proposals complete form A2b below

**Form A2a – proposed savings****Equality Impact Assessment****Please Explain**

<b><u>Stage 1 – Scoping and Defining</u></b>			
(1) What are the aims and objectives of service where savings are to be made?	<ul style="list-style-type: none"><li>• To reduce/ remove subsidies from charges to customers for community care services.</li><li>• To reduce the income protection floor to the Department of Health recommended level of income support plus 25%</li><li>• To charge residential respite care under CRAG.</li><li>• To remove the charging cap for new service users immediately but at a later stage for existing service users.</li></ul>		
(2) How does the service fit with the council's wider objectives?	<ul style="list-style-type: none"><li>• Contribution towards savings targets</li><li>• Promote a fairer charging policy - current subsidies to customers who have the means to pay higher charges means less resources are available to meet the cost of service provision</li></ul>		
(3) What would have been the expected outcomes of the service?  Who would have benefited from the service and in what way?	<ul style="list-style-type: none"><li>• Increases in charging income.</li><li>• Reduction in demand from full paying customers.</li><li>• Potentially a change in the shape of demand as perverse financial incentives to choose particular services are reduced.</li></ul>		
(4) Does this proposed saving have the potential to directly or indirectly discriminate against any particular group or to compound issues of social inequality?  Please identify all groups that are affected	RACE Yes	AGE Yes	GENDER inc Transgender Yes
	RELIGION/BELIEF Yes	DISABILITY Yes	SEXUAL ORIENTATION No

<p>(5) Are there any negative impacts on social inequality issues? This includes impacts on child poverty for example or our most geographically disadvantaged communities</p>	<ul style="list-style-type: none"> <li>• This proposal will impact most on those who have the means to pay more and least on those who have the means to pay less, therefore reducing social inequality in the long term.</li> <li>• Those who are most financially disadvantaged pay no charges now and will pay no charges in the future because they will still be protected by the means testing process which will ensure no-customer's income is reduced below the equivalent of income support plus 25% as a result of charges for personal care services, therefore preventing the creation or aggravation of poverty. There are no other changes to the Fairer Charging &amp; Contributions</li> </ul>
<p><b><u>Stage 2 - Information Gathering</u></b></p>	
<p>(1) What type and range of evidence or information have you used to help you make a judgement about the cut to this particular service?</p>	<p>The following type and range of evidence information have been used which includes both local and national information –</p> <ul style="list-style-type: none"> <li>• Department of Health – Fairer Charging policies for home care and other non residential social services, government guidance - 2003</li> <li>• Department of Health – Fairer Contributions Guidance: Calculating an individual's contribution to their personal budget</li> <li>• Warwickshire's Personalisation and Transformation of Adult Social Care programme</li> <li>• Warwickshire's existing charging policies</li> <li>• Data collection and statistical analysis of current and projected service usage, current and future demographics, costs of services and charges to customers, identifying potential financial impact of increased charges on new/existing customers.</li> <li>• Comparable information on community care charges gathered from other neighbouring local authorities.</li> </ul>

(2) Have you been able to use any consultation data to help make this decision, if so what?

A three month public consultation has been conducted resulting from a Cabinet decision on 17<sup>th</sup> June 2010.

A comprehensive and detailed engagement and consultation plan was developed and set out the Directorate's approach to full engagement with:

- People who use services, their families and carers
- Providers of services
- Potential future customers – eg: members of the general public
- Councillors and MPs

Given the range and complexities of the Fairer Charging Review, a number of methods of consultation/engagement were used. This enabled each audience group to fully participate in the process.

These methods included the following –

- 6500 letters to all existing customers
- Information fact sheet (including questionnaire)
- Leaflet – included fictitious scenarios and frequently asked questions
- Dedicated phone line – for customers, family carers/relatives Web pages – consisting of information from fact sheet, on line survey, pod cast, links to other websites providing information on Fairer Charging guidance and Personal Budgets
- 21 Visits to a number of Day Services for adults with a Learning Disability, Physical Disability & older people. As well as a number of community groups, eg. Older People Forums, Black & Minority Ethnic groups across Warwickshire and 3 strategic partnership groups for older people, Carers and adults with a Learning Disability.
- Public meetings – in each district & borough across Warwickshire.
- Dedicated email, fax line and postal address
- Voluntary sector organisations briefing session
- people who have expressed an interest in putting forward their views.

All existing customers (6500) in receipt of home care, day care, respite, transport (to and from Day Care) and Direct Payments were sent a letter and factsheet (which included a questionnaire) so that they were informed of the consultation process and were given the opportunity to put forward their views.

	<p>For those adults with Learning Disabilities who may have complex and/or profound needs may find it difficult to comprehend and feel able to respond to the proposals within the consultation. New Ideas Advocacy have been involved offering specialist support and guidance to those</p> <p>Easy read and picture supported information has been produced, so that the proposals within the consultation are in a format which are available to a wider audience and with people with varying needs.</p> <p>A dedicated helpline was developed for customers and their carers/relatives to respond to any queries or concerns around the consultation and to offer a service whereby an estimate could be given as to how/if the person would be affected by any increases in charges, should the proposals be implemented.</p>
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<b><u>Stage 3 – Making a Judgement</u></b>	
1) From the evidence above is there any adverse or negative impact identified for any particular group?	<ul style="list-style-type: none"> <li>▪ Information systems hold information about gender and client type (i.e. disability or need type).</li> <li>▪ For younger adults the changes impact on people with disabilities and do not impact on people without disabilities.</li> <li>▪ In older people it will impact more on women simply because more customers are women, but it does not appear to impact disproportionately for women.</li> <li>▪ It impacts more upon older people with disabilities than it impacts upon younger adults with disabilities. This is because this group has the higher level of resources.</li> <li>▪ Those with more severe needs and the means to pay charges will be more impacted upon as their chargeable services will be higher in the first place.</li> <li>▪ Removing the charging cap will result in very significant increases for a small number of people.</li> </ul>

<p>(1) From the evidence above is there any adverse or negative impact identified for any particular group? (Continued)</p>	<ul style="list-style-type: none"> <li>▪ People on moderate income including those on benefits will be affected by the reduction in the low income threshold whereas those whose resources exceed the upper threshold for financial assessment will not. This occurs where their assessable income is less than the service cost.</li> <li>▪ A higher proportion of people with younger adults with disabilities will be affected by the change to the lower income threshold. This is primarily because there are more people on low/moderate incomes in this group with benefits which bring them above the threshold</li> <li>▪ There is no evidence of a negative impact by race simply because charging information systems do not hold this information, but there is no feedback from the consultation of any concerns about any adverse impact in this respect.</li> <li>▪ People in certain religious/cultural groups are more likely to choose day care within their own communities rather than domiciliary care. There is no however no adverse effect on these groups as a result of the proposals to Cabinet as day care charges continue to be subsidised while domiciliary care is moving towards full cost.</li> </ul>
<p>(2) If there is an adverse impact, can this be justified?</p>	<ul style="list-style-type: none"> <li>▪ The fact that this impacts on people with disabilities and does not impact on people without disabilities is simply because people with disabilities are the customer base of adult social services and people without disabilities are not. This therefore is a justifiable impact.</li> <li>▪ The fact that this impacts more upon older people is because the majority of the client base are older people and because older people tend to have higher resources (from retirement income, pensions, etc) than younger adults with disabilities. This is justifiable because it impacts on older people more because of their income and wealth, not because of their age. Also, where older people do not have the means to pay they will not have to pay, in exactly the same way as for younger adults without the means to pay.</li> </ul>

<p>(2) If there is an adverse impact, can this be justified? (Continued)</p>	<ul style="list-style-type: none"> <li>▪ People with more significant disabilities plus more significant savings and income will be more affected but this is because higher needs equates to higher services which equates to higher cost and therefore higher charges. This is justifiable on the grounds that to not charge the same rates for people with higher needs would be to the detriment of those with lower needs who would then be subsidising higher need customers. However, the assessment process does take account of disability related expenditure which would not be offset for those who cannot justify such costs.</li> <li>▪ Removing the charging cap immediately for new service users is justified on the grounds that at that stage, people are encouraged to make choices based on the cost to themselves. Where people are already in receipt of service packages, there is protection until April 2012 to allow time for adjustment to be made.</li> <li>▪ The negative impact on people with moderate incomes is a justifiable effect of the reduction in low income threshold to a level used by other councils and which is in line with Government guidance.</li> <li>▪ The effect of the change on low income thresholds for people with disabilities will be looked at along with a review of the disability related expenditure guidance</li> <li>▪ Keeping a subsidy in place for Day Care but not for any other services is justified on the grounds that the level of increase would be too great within the time period and in depth work will be undertaken prior to a further review.</li> </ul>
<p>(3) if there is an adverse impact on social inequalities can these be justified?</p>	<p>There is a positive impact on social equalities in that the poorest are the least affected and those with the most means are the most affected.</p>

<p>(4) What actions could be taken or have been taken to reduce or eliminate negative or adverse impact?</p>	<ul style="list-style-type: none"> <li>▪ Maintaining a charging floor that protects customers to the level of income support plus 25%</li> <li>▪ Increasing the level of charges gradually to full cost, and making this process more gradual than was originally proposed.</li> <li>▪ Not going to full cost charging for day care because the cost of day care, particularly for adults with disabilities is very high.</li> <li>▪ Maintaining protection for two years by retaining the maximum cap for existing service users.</li> </ul>
<p>(5) Is there any positive impact?</p> <p>Does it promote equality of opportunity between different groups and actively address discrimination?</p>	<p>The main positive impact is meeting savings targets in a way that impacts on the income and wealth of those customers who have the means to pay more charges which is a far better impact than the alternative which would be to raise criteria for services and therefore increase unmet need.</p>



<b><u>Stage 4 – Action Planning, Review &amp; Monitoring</u></b>					
<b>If No Further Action is required then go to – Review &amp; Monitoring</b>  (1)Action Planning – Specify any action which could be taken to mitigate or eradicate negative or adverse impact on specific groups, including resource implications.	<b>EIA Action Plan</b>				
	<b>Action</b>	<b>Lead Officer</b>	<b>Date for completion</b>	<b>Resource requirements</b>	<b>Comments</b>
	Further work to review day care and transport charges	Paul Walsh	September 2011	Fairer Charging Review team in place	
	Development of a Charging Policy with the heading outlined in the Cabinet report Paragraph 9	Paul Walsh	November 2010	“ “	
<b>(2) Review and Monitoring</b>  State how and when you will monitor the impact of this proposed saving	<ul style="list-style-type: none"><li>▪ Monitoring of the impact across client groups</li><li>▪ Monitoring of the impact of charges in relation to potential withdrawal from service</li><li>▪ Monitoring of the impact on carers groups</li></ul> Through annual review to Overview & Scrutiny Committee				

Please annotate your proposed saving with the following statement:

‘An Equality Impact Assessment on this proposed saving was undertaken on (date of assessment) and will be reviewed on date (one years from the date it was assessed)’.

## Fairer Charging Consultation – Final Report

### Summary

A cabinet report, presented on 17 June 2010, outlined proposals to formally consult with people in Warwickshire who approved a 3 month public consultation period.

### Recommendation

For the Directorate Leadership Team to note the outcomes of the consultation exercise in their recommendations to Cabinet.

## 1. Context

- 1.1 Adult Health & Community Services Directorate are undertaking a review of the contributions customers pay towards packages of care for its community care services, in line with the transformation of adult social care, personalisation of services and that the fact that Warwickshire can no longer afford to subsidise services.
- 1.2 The Cabinet report presented on 17 June 2010, outlined proposals to formally consult with people in Warwickshire.

1. Cabinet approved a process of consultation with people in Warwickshire on charging for adult social care community based (non-residential) services based on a number of principles:

- a) That the County Council will not subsidise the costs of care.  
(It may be necessary to phase the move towards the ending of the current subsidies). That when people are assessed to make their contribution towards the costs to their personal budgets that the full costs of the services which they are using is taken into account.
- b) That no one who is on Income Support or who receives an income less than a sum of money which is equivalent to income support plus 25% should be required to pay for the costs of their services. I.E. These people continue to receive free services.
- c) That any new proposals will ensure that the financial targets set for income collection by the council are met or exceeded.
- d) That officers investigate how insurance based products might become available to assist people who may choose this option as a way of reducing the longer term burden of the costs of care.

- 1.3 This report is in response to the above and sets out the findings from the consultation, which ran from Friday 25 June to Friday 17 September 2010.
- 1.4 The focus of the public consultation was to:

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- 1) Provide an opportunity for individuals to consider the proposals as outlined in the Cabinet report and respond accordingly.
- 2) Consider whether they agreed with the proposals and then put forward comments as to how these proposals may personally impact on their lives.

## 2. Methodology & Response Rates

- 2.1 Overall, approximately **1500** people either responded to, or were involved in the consultation and the following methods were used, as agreed by Cabinet.

Method of Consultation	Numbers
Consultation Packs	1765 packs distributed <ul style="list-style-type: none"> <li>• 25 libraries</li> <li>• 75 doctor surgeries</li> <li>• 11 One-Stop-Shops</li> <li>• 160 Parish Councils</li> <li>• 100 voluntary sector organisations &amp; community groups</li> </ul>
Customer letters	5000 existing customers 470 new customers
Dedicated phone line	162 calls received
Questionnaire – Paper copies & on line survey (see appendix 1 – attached)	Total = 875 829 – paper copies received 79 – completed on line survey

## 2.2 Public meetings

In total, **203** people attended the **7** public meetings and included members of the general public, Councillors, customers of adult social care services, family/parent carers, voluntary sector organisations & service providers.

Venue	Date	Numbers of attendees
<b>Warwick District</b> St Peter's Conference Centre, Dormer Place, Leamington	Mon 28 June Mon 16 August	11 64
<b>Nuneaton &amp; Bedworth Borough</b> Hatters Space Community Centre, Upper Abbey Street, Nuneaton	Wed 30 June Wed 18 August	7 39
<b>Rugby Borough</b> Benn Hall, Newbold Road, Rugby	Monday 5 July	40
<b>Stratford District</b> Methodist Church Hall, Stratford-Upon-Avon	Thurs 8 July	25
<b>North Warwickshire Borough</b> Trinity Church, Coleshill Road, Atherstone.	Tues 13 July	17

## 2.3

### Visits

Approximately **400** people attended the **20** visits which were undertaken across Warwickshire.

These visits were arranged to a number of Day Services for adults with a Learning

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Disability, Physical Disability & older people. As well as a number of community groups, e.g. Older People Forums, Black & Minority Ethnic groups across Warwickshire and 3 strategic partnership groups for older people, Carers and adults with a Learning Disability. Specialist support for those with a Learning Disability was provided by New Ideas Advocacy, who used a variety of communication methods to support this client group.

Date & Time	Organisation	Number of attendees
Mon 28 June	Rugby Disability Forum	35
Thurs 8 July	Alcester SCAN (Senior Citizens Action Network)	20
Mon 26 July	Satkaar (Asian Elders Day service)	21
Wed 28 July	Emscote Centre, Warwick (LD Day service)	11
Wed 28 July	Sesame Centre, Rugby (PD day service)	26
Mon 2 Aug	North Warks Older People Forum	40
Mon 2 Aug	Saltway Centre, Stratford (PD & LD day service)	12
Fri 30 July	Warwickshire Older People's Partnership	20
Fri 6 Aug	Newbold Centre, L/Spa (LD day service)	11
Mon 9 Aug	Shortwoods, Dordon (LD Day service)	15
Wed 11Aug	Bridgeway Centre, Bedworth (LD day centre)	19
Thurs 12 Aug	Ramsden Centre, Nuneaton (PD day service)	29
Friday 13 Aug	Bloxham Centre, Rugby (LD day service)	15
Tues 17 Aug	Nuneaton & Bedworth OP Forum	30
Wed 1 <sup>st</sup> Sept	Learning Disability Partnership Board	24
Thurs 2 Sept	Rugby CORE (Counsel of Older Residents)	16
Friday 10 Sept	Abbotsbury Day Care	8
Mon 13 Sept	WISE (West Indian Senior Endeavour) group, L/Spa	12
Tues 14 Sept	Warwickshire Carers Partnership	17
Thurs 16 Sept	Orchard Blythe Day Care	To follow

2.4

### Voluntary Sector Briefing Session

A Voluntary sector briefing session was arranged and **22** people attended the session. Positive feedback was received from voluntary organisations who said they would feel more confident when being asked to support and respond to individuals who had contacted them for advice and guidance.

## 3. Emerging Key themes

From the comments, responses and views received through the various methods of engagement, (including the results of the on line questionnaire attached as Appendix 1) there are a number of emerging key themes.

- 3.1 The majority of respondents generally understood the current economic situation facing the council and the reasons for the changes. Although, despite, giving people assurances that those people on low incomes would not be affected, most found this difficult to relate back to the context of their own lives.

3.2 **Affordability**

Overall, people's primary concerns were around affordability and the impact on the quality of their daily lives. The majority of respondents were not opposed to having to incur a slight increase for services, but felt that the level of increase for charges particularly, for day care, respite & transport were too steep. A large number of people said that they may have to consider either cancelling or reducing their care services because they were concerned that they would not be able to afford to pay the increased charges, particularly when taking into account the affect on their financial ability to pay other household bills.

People from Black & Minority Ethnic groups were concerned that they would become socially isolated, if they could no longer afford to attend their day centre. The main concerns voiced from older people were that they felt they were being penalised for having saved all their lives. Adults with a learning or physical disability and their carers recognised and acknowledged the importance of financially protecting people who cannot afford to pay, but there was a general consensus that if people could afford to pay, they should.

There was an overwhelmingly response from respondents who felt that the council should be exploring other options particularly in relation to non-essential services e.g libraries, councillors expenses and including the council reviewing their current staffing structures and administration costs.

3.3 **Timescales**

There was also a strong response regarding the timescales for implementing the increases which respondents felt were too tight and should be phased in over a longer period. People were concerned about not being able to financially manage with the proposed timescales but were generally in agreement to a staged implementation if more reasonable timescales could be agreed upon.

3.4 **Impact on Family Carers**

Most concerns were raised by Family Carers on the emotional impact of their caring role if the person they care for, decided to reduce or cancel their services because they felt they could not afford to pay the increased charges. This significant impact needs to be seriously considered to ensure that there is a balance of enabling carers to continue caring in the community without reaching crisis point which might put increased pressures on the needs of additional services.

3.5 **Quality of Services**

There was a strong opinion put forward regarding the quality of care services. People were generally not opposed to increases in charges but did want a guarantee that the quality of care services would be closely monitored and would reflect the increased cost of the service charged to the customer.

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### Appendix 1

It is proposed that subsidies would be reduced or removed and charges for home, day and respite care services, including Direct Payments would rise to reflect the full cost. This will include reviewing transport charges to reflect real journey costs.

Do you agree with this proposal?

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
Do you agree with this proposal?	Strongly Agree	1%	2%	5%	3%	2%
	Agree	16%	16%	19%	22%	16%
	Disagree	24%	19%	25%	22%	23%
	Strongly Disagree	49%	55%	44%	41%	47%
	Don't know	10%	8%	8%	11%	11%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

### Responses regarding impact of proposal on an individual:

Emotional impact on Family carers – (if cared for person reduces or cancels their day care/respite/transport.)	6.1%
Worry of affordability to pay higher costs	38.5%
Will have to cancel or reduce service	12.9%
Will reduce household income to pay other bills	3.6%
Impact on my quality of life	4.1%
Unclear of how will be affected	21.8%
Lower my standard of living	2.3%
Don't understand	1.6%
Using personal savings to pay for services	9.1%

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**Do you think it is fair that we charge people for the full cost of services, so that we can then offer as wide a range of services for as many people as possible?**

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
Do you think it is fair that we charge people for the full cost of services, so that we can then offer as wide a range of services for as many people as possible?	Strongly Agree	1%	2%	3%	2%	2%
	Agree	20%	24%	17%	27%	20%
	Disagree	32%	24%	39%	35%	31%
	Strongly Disagree	36%	43%	33%	25%	36%
	Don't know	11%	7%	8%	11%	11%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

### Responses regarding impact of proposal on an individual:

Affect my quality of life	6.2%
Affordability of paying higher costs	45.5%
Affect financial ability to pay other household bills	3.4%
Reduce care service – now at greater risk	4.5%
Would not have enough money to buy personal hygiene items – pads, pants etc	0.3%
Additional responsibility for family carer	6.5%
If care costs increase will quality of services improve	10.6%
Will deter needy people asking for help	1.4%
The cost of my care is more than my pension	3.4%
Should help the most vulnerable	15.8%
Would have to use savings	2.4%

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Do you think the council should retain its maximum weekly charge currently set at £387.13?

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
Do you think the council should retain its maximum weekly charge currently set at £387.13?	Strongly Agree	22%	28%	27%	11%	23%
	Agree	32%	26%	27%	30%	30%
	Disagree	14%	13%	14%	18%	15%
	Strongly Disagree	10%	11%	14%	14%	11%
	Don't know	22%	22%	17%	28%	21%
Total		100.0%	100.0%	100.0%	100.0%	100.0%



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Or, do you think that this limit of £387.13 a week should be removed, so that it is fair and equitable for all?

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
Or, do you think that this limit of £387.13 a week should be removed, so that it is fair and equitable for all?	Strongly Agree	7%	6%	14%	11%	7%
	Agree	22%	17%	16%	32%	22%
	Disagree	26%	22%	25%	21%	24%
	Strongly Disagree	24%	30%	29%	14%	24%
	Don't know	21%	24%	16%	21%	22%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

Responses regarding impact of proposal on an individual:

Financial impact on Family carer and cared for person	3.2%
Pensions & benefits will not cover increased cost.	11.8%
People would need to look at prioritising care costs against household or food bills	1.6%
People that can afford to pay should pay.	9.1%
Affects future affordability	35.5%
Reduce or cancel services	7.5%
Increased Charges will most adversely affect the most vulnerable	19.9%
Questions value for money	8.6%
should be equal for everyone	2.7%

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In line with government guidance, the council is proposing to return to a policy of Income Support +25%.

Do you agree with this proposal?

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
Do you agree with this proposal?	Strongly Agree	2%	3%	7%	3%	3%
	Agree	23%	24%	26%	36%	25%
	Disagree	16%	13%	13%	16%	15%
	Strongly Disagree	19%	22%	13%	12%	18%
	Don't know	40%	37%	41%	33%	40%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

Responses regarding impact of proposal on an individual:

Too complicated to understand	29.5%
Affordability to pay for care	30.1%
I don't know what Income Support +25% is.	8.0%
I do not receive Income Support	13.6%
This sounds fair	4.0%
Should look after the vulnerable (older people)	14.8%

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In view of this proposal, is doing this in a staged way fair for all?

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
In view of this proposal, is doing this in a staged way fair for all?	Strongly Agree	2%	3%	2%	2%	3%
	Agree	28%	25%	20%	33%	26%
	Disagree	21%	18%	23%	18%	21%
	Strongly Disagree	32%	41%	36%	26%	32%
	Don't know	17%	13%	19%	21%	18%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

Responses regarding impact of proposal on an individual:

Timescale too quick	7.7%
Phase in over longer period	14.9%
Not able to afford increases	32.8%
Will have less money to spend	8.7%
Cancel care package	6.7%
Reduce services	3.1%
Staging proposal acceptable	5.6%
Should introduce 25%, & 50% increase first than 75% & 100%	4.6%
It is not fair to make the vulnerable pay	15.9%

APPENDIX B

Do you think the timescales are reasonable?

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
Do you think the timescales are reasonable?	Strongly Agree	1%	3%	2%	0%	2%
	Agree	25%	22%	15%	29%	23%
	Disagree	23%	13%	19%	24%	21%
	Strongly Disagree	34%	46%	47%	25%	35%
	Don't know	18%	16%	18%	22%	19%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

Responses regarding impact of proposal on an individual:

December (Christmas)& January not good time to implement increases	5.8%
Not able to afford increases	46.8%
Timescale unreasonable	47.4%

APPENDIX B

The Cabinet is considering increasing charges as it needs to balance its books as it no longer gets sufficient money from Government or Council Tax collections to fund all the costs of adult social care in Warwickshire. If it were your choice would you:

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
The Cabinet is considering increasing charges as it needs to balance its books as it no longer gets sufficient money from Government or Council Tax collections to fund all the costs of adult social care in Warwickshire. If it were your choice would you:	Increase charges through a fair assessment of someone's ability to pay for those charges (as we are now proposing)	55%	44%	38%	62%	51%
	Neither of these	26%	45%	39%	18%	30%
	Provide services to fewer people by restricting our services only to those in greatest need	19%	12%	23%	20%	19%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

Responses regarding impact of proposal on an individual:

Explore other cost cutting options within local authority. (jobs, administration costs)	69.2%
Reduce non-essential services eg: library services, sports centres,	24.2%
Reduce an individual's care hours	2.2%
What is council tax paid for?	4.4%

**APPENDIX B**

Is there one key message about these proposals that you would like to give to councillors?

Don't make life harder for vulnerable people	62.4%
Can't afford increases	4.1%
The system is unfair	16.7%
Too bigger cuts too quickly	3.2%
Minimise cost impact	8.6%
If I am forced to receive less support from the council, this will increase the stress on my full time carer and the support he needs from the council	5.0%

APPENDIX B

Are You?

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
Are You?	Female	66.1%	70.0%	54.5%	62.5%	65.6%
	Male	33.9%	30.0%	45.5%	37.5%	34.4%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

How old are you?

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
How old are you?	18 - 29	1.4%		1.8%	3.1%	1.3%
	30 - 44	4.4%	4.6%	12.5%	15.6%	5.5%
	45 - 59	8.0%	31.0%	21.4%	34.4%	12.7%
	60 or over	86.2%	64.4%	62.5%	46.9%	80.3%
	Under 18			1.8%		.1%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

APPENDIX B

Which of these groups do you consider you belong to?

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
Which of these groups do you consider you belong to?	Any other Ethnic Group	.4%			3.1%	.4%
	Asian or Asian British - Any other Asian Background	.5%				.4%
	Asian or Asian British - Indian	3.4%	3.8%	11.5%	3.1%	4.0%
	Asian or Asian British - Pakistani	.2%		1.9%		.3%
	Black or Black British - Caribbean	.2%				.1%
	Chinese or other ethnic group - Chinese			1.9%		.1%
	White - Any other white background	.7%	2.6%			.8%
	White - British	93.2%	92.3%	82.7%	90.6%	92.2%
	White - Irish	1.4%	1.3%	1.9%	3.1%	1.5%
Total		100.0%	100.0%	100.0%	100.0%	100.0%



## APPENDIX B

**Do you have any long-term illness, health problem or disability which limits your activities or the work you can do?**

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
Do you have any long-term illness, health problem or disability which limits your activities or the work you can do?	No	4.6%	50.7%	44.2%	48.3%	14.2%
	Yes	95.4%	49.3%	55.8%	51.7%	85.8%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

**Which District / Borough area do you live in?**

		Are you / do you? (tick all that apply)				Total
		Service User	Family Carer	Member of the public	Part of an organisation	
Which District / Borough area do you live in?	None of the above	.3%	3.6%	3.7%	3.1%	1.1%
	North Warwickshire	13.2%	7.2%	9.3%	6.3%	12.0%
	Nuneaton & Bedworth	18.1%	21.7%	22.2%	21.9%	19.0%
	Rugby	19.9%	20.5%	16.7%	21.9%	19.8%
	Stratford-on-Avon	23.0%	24.1%	24.1%	31.3%	23.6%
	Warwick	25.4%	22.9%	24.1%	15.6%	24.6%
Total		100.0%	100.0%	100.0%	100.0%	100.0%

## AGENDA MANAGEMENT SHEET

**Name of Committee**                      **Adult Social Care and Health Overview and Scrutiny Committee**

**Date of Committee**                      **12<sup>th</sup> October 2010**

**Report Title**                                **Learning Disability Self Assessment Action Plan**

**Summary**  
On 12<sup>th</sup> June 2010 the O&S committee received the first learning disability self assessment report which highlighted some areas for improvement. O&S requested that an action plan be presented back to them by September 2010. The action plan is attached to this report.

**For further information please contact:**  
Chris Lewington  
Carer and Customer Engagement Service Manager  
Tel: 01926 743259  
chrislewington@warwickshire.gov.uk

**Would the recommended decision be contrary to the Budget and Policy Framework?**                      No.

**Background papers**                      None.

**CONSULTATION ALREADY UNDERTAKEN:-**                      Details to be specified

Other Committees                      ☐ .....

Local Member(s)                      ☒ Not Applicable

Other Elected Members                      ☒ Councillor L Caborn, Councillor D Shilton, Councillor S Tooth, Councillor C Rolfe, Councillor C Watson

Cabinet Member                      ☒ Councillor I Seccombe, Councillor A Farnell

Chief Executive                      ☐ .....

Legal                      ☒ Alison Hallworth, Adult and Community Team Leader

Finance                      ☒ Chris Norton, Strategic Finance Manager

Other Chief Officers                      ☐ .....

District Councils	<input type="checkbox"/>	.....
Health Authority	<input type="checkbox"/>	.....
Police	<input type="checkbox"/>	.....
Other Bodies/Individuals	<input checked="" type="checkbox"/>	Michelle McHugh, O&S Manager

**FINAL DECISION NO**

**SUGGESTED NEXT STEPS:**

Details to be specified

Further consideration by this Committee	<input type="checkbox"/>	.....
To Council	<input type="checkbox"/>	.....
To Cabinet	<input checked="" type="checkbox"/>	14 <sup>th</sup> October 2010
To an O & S Committee	<input type="checkbox"/>	.....
To an Area Committee	<input type="checkbox"/>	.....
Further Consultation	<input type="checkbox"/>	.....

**Adult Social Care and Health Overview and Scrutiny  
Committee – 12<sup>th</sup> October 2010**

**Learning Disability Self Assessment Action Plan**

**Report of the Strategic Director of Adult, Health and  
Community Services**

**Recommendation**

The Committee is asked to scrutinise the action plan and pass on any comments or recommendations to Cabinet as appropriate in preparation for its meeting on 14<sup>th</sup> October 2010.

**1. Introduction**

- 1.1 The first annual self assessment for learning disability services was presented to O & S on the 12<sup>th</sup> June 2010. The self assessment provides a picture of the progress being made within learning disability services as well as areas for improvement. It is these areas of improvement that O & S have asked for an action plan to be developed and reported back to the O & S committee.
- 1.2 The self assessment identified four areas for improvement. These are:
- Reducing reliance on residential care and moving towards use of Extra Housing and supported living options
  - Reducing the number of people with a learning disability living out of County
  - Getting more people with a learning disability into employment.
  - Getting better information, through the Health Access Teams, so that planning and commissioning is more robust and evidence based.
- 1.3 Combined, these areas for improvement form the core of the Learning Disability Strategy and are considered central to the Directorates transformation programme and in particular savings plan.

**2. Context**

- 2.1 Valuing People states that “Like other people, people with a learning disability want a real say in where they live, what work they should do and who looks after them...”
- 2.2 Analysis of Warwickshire expenditure compared with England for 2008/09 for people with a learning disability aged 18 – 64 years shows that Warwickshire’s spending for learning disabled people is not achieving this ambition as well as it

might. The analysis shows that Warwickshire:

- Spent 7% less than average on social care for adults with a learning disability, but supported 20% fewer people in residential care and 25% fewer people in the community.
- Spent 47% of the budget on residential care, compared with an average of 43%
- 25% of people known to the council were in settled accommodation, compared to the average of 33%.
- 2% of people with a learning disability known to the council were in any form of work.

Put simply, Warwickshire helps fewer people overall than other councils but at a higher cost, give a lot of help to a small number of people who are in residential care and supported accommodation, help too few people to live in their own homes or to find and keep a paid job.

- 2.2 This analysis correlates with more recent benchmarking analysis of the self assessment report across the West Midlands. It shows Warwickshire as the highest spending authority for residential care (see appendix A) and confirms Warwickshire as one of the lowest spending authority for supporting living.
- 2.3 Whilst there should be an element of caution in using this analysis, it does support the theory that Warwickshire Learning Disability Services remains traditional in its approach to commissioning and the delivery of services.

### **3. Strategic Approach**

- 3.1 A refresh of the current Learning Disability Strategy is underway. The refresh acknowledges that there needs to be a significant shift in the way services are commissioned and delivered if limiting resources are to be used effectively and the outcomes, defined by users and carers themselves, are to be realised.
- 3.2 The learning disability strategy refresh must:
- Implement the personalisation agenda, including self directed support
  - Reduce the use of residential care and increase options for independent living
  - Change the way services are delivered, focussing more on helping people to access universal services including getting and keeping a job.
  - Support family carers, particularly older carers
  - Improve commissioning.
- 3.3 In future we will need to:
- Help people with a learning disability to lead ordinary lives, relying less on services.
  - Spend more on help people to live in their own homes
  - Spend less on building based services and focus more on supporting people in the community
  - Support more people to find and keep paid jobs

### **4. Population Profile**

- 4.1 According to DH PANSI dataset, Warwickshire's learning disability population 18+ is projected to increase cumulatively by 3.61% over the next five years.

Projected number of Clients with moderate to severe learning disabilities.						% increase of projected number of clients from 2010				
2010 Baseline	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
2,077.0	2,089.0	2,105.0	2,120.0	2,157.0	2,152.0	0.58%	1.35%	2.07%	3.85%	3.61%

- 4.2 Comparing this with current users of adult social care services, the table below illustrates a pattern of growth for people with a learning disability, by district, who may be eligible for social care support over the next five years.

**Table 2: Snapshot data from 31 March 2010 - population projections of people with LD from 2010 Baseline**

District	2010 Snapshot Data			2015 Projection				
	18-64	65+	Total LD Client s	18-64 % Chang e	65+ % Chang e	18-64	65+	Total LD Client s
<i>Out Of County</i>	70	4	74					
North Warwickshire	125	14	139	0%	18%	125	17	141
Nuneaton and Bedworth	258	23	281	1%	16%	259	27	286
Rugby	135	10	145	3%	16%	139	12	151
Stratford	179	20	199	2%	18%	183	24	207
Warwick	204	34	238	11%	12%	226	38	264
<b>Grand Total</b>	<b>971</b>	<b>105</b>	<b>1076</b>	<b>4%</b>	<b>16%</b>	<b>1010</b>	<b>122</b>	<b>1131</b>

- 4.3 Warwick district has the most significant predicted growth for 18-64 years age group with an average increase of 11%. But the most significant rise is in the 65+ year's age group showing 16% across the County.
- 4.4 The population of people aged over 65 year with a Learning Disability is predicted to increase in Warwickshire at a greater rate than in the West Midlands and England generally. Conversely Warwickshire is predicted to see smaller increases in the number of people with a Learning Disability in the younger age brackets, although they will have more complex and profound needs. The predictions strongly suggest that the number of older people with Learning Disabilities will increase at a greater rate than the average across the country and region, and the number of younger people with LD will increase at a slower rate.
- 4.5 As at 31<sup>st</sup> March 2010 there were 1067 people with a learning disability using adult social care services, including 75 people who are placed out of County.
- 4.6 There are 155 older people with a learning disability (over 65 years) as well as a significant number of older carers; 131 over the age of 65 years and 17 over the age of 85 years.

## 5. Self Assessment Action Plan

- 5.1 This self assessment action plan forms part of the revised strategic direction for learning disability services to create a more personalised approach to; reduce dependency on high cost packages of care, to increase the choice and control individuals with a learning disability have over their daily lives, ensuring this is delivered whilst making the best use of limited resources. It is based on what we know about the needs of the local learning disability population and their families and what people with learning disabilities and their families have told us they need. It has also been developed using the Directorates 'Principles for Change':
- We must look to deliver quality services at the lowest possible costs.
  - We must look to help people regain or attain independence outside of social care services, wherever this is possible.
  - We must aim to share services with local partners either neighbouring local authorities or with health partners or both together, where this offers the best solutions.
  - We will help people to use their own resources where this is feasible. We will no longer offer subsidies for services for those who through a means test can demonstrate they can afford to pay for those services.
- 5.2 The action plan is embedded within the Learning Disability Strategy four years delivery plan (2010/11 – 2014/2015), which is attached as appendix B. Its delivery is central to the implementation of the Transformation Programme for Adult Social Care.
- 5.3 It has been developed within the wider strategic envelope for learning disability services of an investment of approximately £35million. There will be savings targets against this service at the same time as demand led budget pressures.
- 5.4 It will require a significant change to the way services are currently delivered and organised, including a change in the way we work with internal and external providers.

## 6. Summarised Actions

Attached at appendix B is part of the delivery plan for the learning disability services. The initial actions shaded relate specifically to this report. The remaining actions link to the wider learning disability strategy and are for your information only.

- 6.1 **1. Reduce reliance on residential care and moving towards use of Extra Housing and supported living options.**  
**2. Reduce the number of people with a learning disability living out of County.**

### Targets:

- By March 2015, 30% reduction in the number of people living in residential care.
- By March 2015, all people wishing to return to the County are supported to do

so.

Outcome: People with a learning disability will live in accommodation that can best meet their individual needs. They will be supported to decide where they live, who they live with, be as independent as possible and able to participate in community life, free from anti social behaviour, for as long as they choose.

#### Actions

Working with CSED, and using the Care Fund Calculator, opportunities have been identified to improve the outcomes for approximately 100 LD service users by moving them from Residential Care into supported living, reducing their support costs, and to further reduce spend by renegotiating excessively high Residential package costs down to the West Midlands average. This includes some of the people who currently live out of County.

There will be significant ongoing savings, most of which will be achieved in the first 12 months.

### 6.2 **3. Getting more people with a learning disability into employment.**

Outcome: People with a learning disability want to live a fulfilled life. In particular they want to have and keep a job, be able to travel independently, learn new skills, enjoy their leisure time, make new friends and relationships.

#### Targets:

- By March 2012 up to 30 people with a learning disability will be supported to find and keep a job.
- By March 2014 up to 20 people will be employed by the public sector. Each will have a job coach who has been trained to support them.
- By March 2011, a review of day services and transport provision will be completed with recommendations to develop more community based support.

#### Actions

1. Working with The Shaw Trust, capitalise on their expertise and access to national funding to support up to 30 people with a learning disability into finding and keeping a job.

2. Through better commissioning invest in the W.E.S.T. project to secure employment across the public sector. Included in this action will be the development of job coaches to support people with a learning disability to retain employment.

3. Consult users and carers, on moving from building based day services to move to more community based support.

### 6.3 **4. Getting better information, through the Health Access Teams, so that planning and commissioning is more robust and evidence based.**

Outcome: Future commissioning decisions are based on robust datasets ensuring better use of resources.

#### **Actions**



1. Work with the Health Access Teams, to build good quality data about the health and social care needs of people with a learning disability and their carers.
2. Work with frontline teams to improve data quality.
3. Make sure that the migration to Carefirst 6 includes the business needs of Learning Disability Services.
4. Secure access to national data that is more robust and evidence based.

## **7. Next Steps**

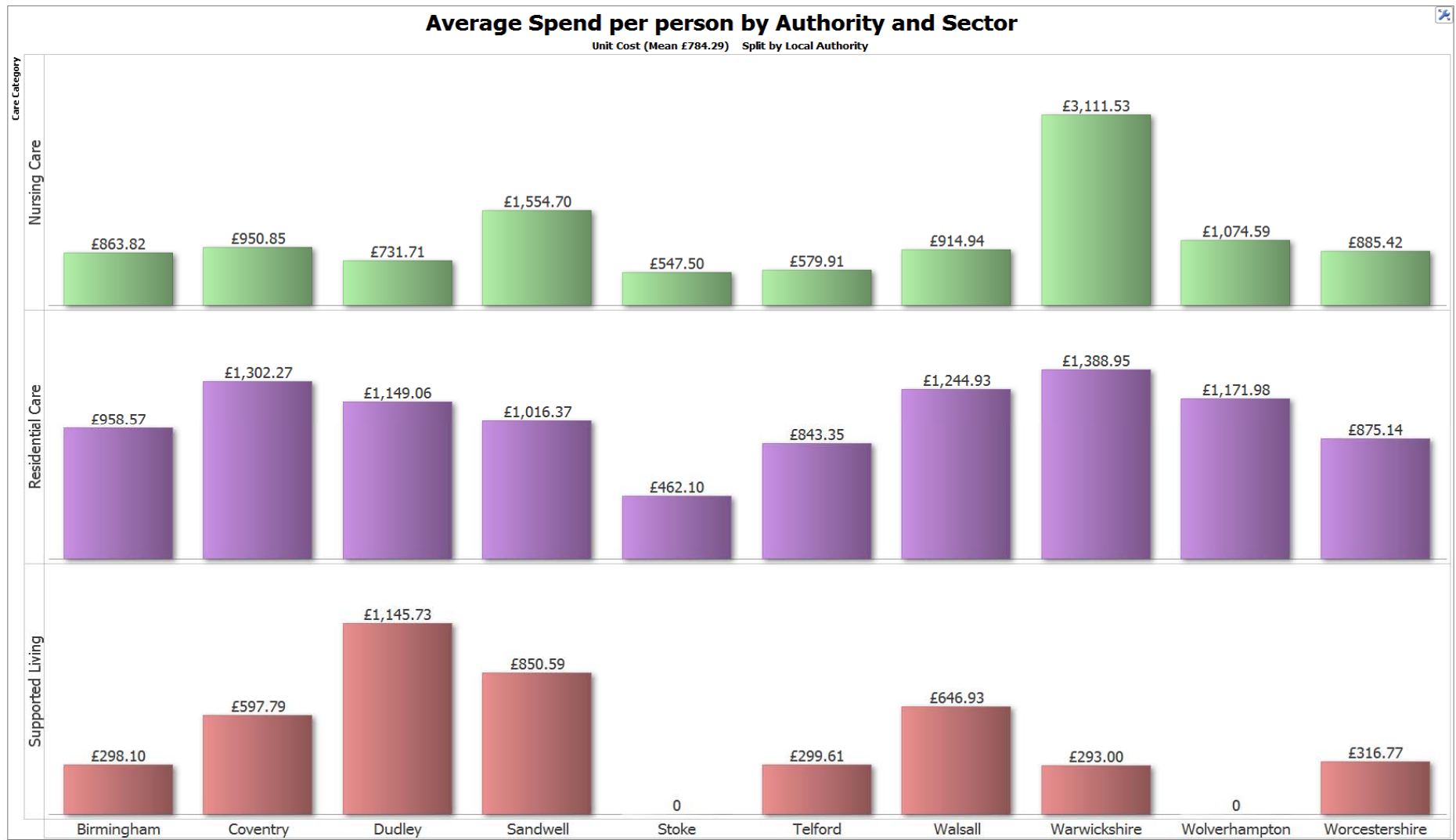
- 7.1 These actions are being taken forward as part of the Directorate Transformation Programme and proposed savings plan, yet to be agreed by Cabinet.
- 7.2 Cabinet will be asked to agree a formal consultation process on the actions as appropriate. They will be asked to agree to formal consultation on the impact of any proposed changes to building based support, in particular day services.
- 7.3 The O&S committee will be informed of the formal consultation approach.

JOHN BOLTON  
Interim Director of Adult  
Services

Shire Hall  
Warwick

September 2010

## Appendix A



**LEARNING DISABILITY  
SELF ASSESSMENT ACTION PLAN  
2010 - 2015**

<b><u>Learning Disability Action Plan 2010 - 2015</u></b>				
<b>1. Reduce reliance on residential care and moving towards use of Extra Housing and supported living options.</b>  <b>2. Reduce the number of people with a learning disability living out of County.</b>		Programme Lead and Supporting officers		
People with a learning disability will live in accommodation that can best meet their individual needs. They will be supported to decide where they live, who they live with, be as independent as possible and able to participate in community life, free from anti social behaviour, for as long as they choose.		Christine Lewington, Service Manager Tim Willis Extra Care Housing Bob Stanton. CSED.		
Lead Organisation				
Action	Start Date	End Date	Responsible Officer/s and Organisation	Additional Notes
1. Implement the business model to re-accommodate 100 people from residential care to supported living	December 2010	March 2015		
2. Make available 5% of extra care facilities to people with a learning disability and their carers.	December 2010	March 2015		
3. Complete the supporting people review and align	October 2010	January 2011		

housing related support to areas of greatest need subject to available funding.				
4. Fully utilise 1% of all housing stock in each district for people with a learning disability	October 2010	March 2015		
5. Increase the use of equipment including Telecare and telehealth to support people to live independently.	October 2010	March 2015		
Key Outputs/Targets		Key Outcomes		
By March 2015, 30% reduction in the number of people living in residential care				
By March 2015, all people wishing to return to the County are supported to do so				
By March 2015 the council will spend under 20% of its budget for people with a learning disability on residential care.				
By March 2015 1% of all housing stock is taken by people with a learning disability				
By March 2015, increase the use of telecare in packages of support by 25% to reduce dependency on other more formal forms of support				

<b><u>Learning Disability Action Plan 2010 - 2015</u></b>				
<b>3. Getting more people with a learning disability into employment.</b>			<b>Lead and Supporting officers</b>	
People with a learning disability want to live a fulfilled life. In particular they want to have and keep a job, be able to travel independently, learn new skills, enjoy their leisure time, make new friends and relationships.			Christine Lewington. Service manager Sharon Padley Frazao. Lead Commissioner. Steve Smith. Provider Manager	
<b>Lead Organisation</b>				
<b>Action</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Officer/s and Organisation</b>	<b>Additional Notes</b>
Working with The Shaw Trust, capitalise on their expertise and access to national funding to support up to 30 people with a learning disability into finding and keeping a job.	November 2010	March 2012	Sharon Padley Frazao	
Commission the W.E.S.T. project to secure employment across the public sector. Included in this action will be the development of job coaches to support people with a learning disability to retain	April 2011	March 2014	Sharon Padley Frazao	

employment.				
Consult users and carers, on moving from building based day services to more community based support.	November 2010	March 2011	Christine Lewington	
Increase the number of Personal Assistants for people with a learning disability.	April 2011	March 2012		
Work with District & Borough councils to promote access to leisure opportunities	April 2011	March 2012		
Utilise existing learning and work environments, such as horticultural learning centres for people with learning disabilities and build capacity where none exists within local communities	April 2011	March 2014		
Reduce spend on transport year on year and invest in travel training.	April 2011	March 2015		
Increase use of ISFs with the voluntary and independent sector to support people to use their personal budgets as they choose.	April 2011	March 2015		

Key Outputs/Targets	Key Outcomes
By March 2012 up to 30 people with a learning disability will be supported to find and keep a job.	
By March 2014 up to 20 people will be employed by the public sector. Each will have a job coach who has been trained to support them.	
By March 2011, complete a consultation process with users and carers about the future use of building based services with a view to move to more community based support.	
By March 2012, increase the number of personal assistants to 20 for people with a learning disability	
By March 2014, there will be a learning and/or leisure environment, in each local area, where people with a learning disability can enhance their skills.	
From April 2011, all new people or those who have been reviewed will receive travel training.	
By March 2015, ISFs will feature in all major contracted services.	



<b><u>Learning Disability Action Plan 2010 - 2015</u></b>				
<b>4. Getting better information, through the Health Access Teams, so that planning and commissioning is more robust and evidence based.</b>			<b>Lead and Supporting officers</b>	
Future commissioning decisions are based on robust datasets ensuring better use of resources.			Christine Lewington. Service manager Chris Norton. Finance Manager	
<b>Lead Organisation</b>				
<b>Action</b>	<b>Start Date</b>	<b>End Date</b>	<b>Responsible Officer/s and Organisation</b>	<b>Additional Notes</b>
Work with health access teams and agree profile for data collection on the health and social care needs of people with a learning disability.	Ongoing		Sally Eason NHS Warwickshire	
Agree protocols for sharing information across the health and social care sector for planning and commissioning purposes.	November 2010	January 2011	Sharon Padley Frazao	
Work with IT systems, in particular Carefirst 6 to	November 2010	March 2011	Ben Larard	

ensure data collection informs future commissioning.				
Put in place sufficient resources to ensure financial information is robust.	November 2010	March 2011	Chris Norton	
Key Outputs			Key Outcomes	
By Dec 2010, Health Access Team have agreed profile for data collection in inform health and social care commissioning.				
By January 2011, protocols for information sharing is agreed.				
By March 2011, the implementation of Carefirst 6 is fully integrated into frontline teams for people with learning disabilities.				

## AGENDA MANAGEMENT SHEET

**Name of Committee**                      **Adult Social Care and Health Overview  
And Scrutiny Committee**

**Date of Committee**                      **12 October 2010**

**Report Title**                              **Work Programme 2010-11**

**Summary**                                  The Adult Social Care and Health Overview and Scrutiny Committee is asked to consider its work programme.

**For further information  
please contact:**

Michelle McHugh  
Overview and Scrutiny  
Manager  
Tel: 01926 412144  
michellemchugh@warwickshire.  
gov.uk

Ann Mawdsley  
Principal Committee  
Administrator  
Tel: 01926 418079  
annmawdsley@warwickshire.gov.  
uk

**Would the recommended  
decision be contrary to the  
Budget and Policy  
Framework?**

No.

**Background papers**

None

### CONSULTATION ALREADY UNDERTAKEN:-

Details to be specified

Other Committees                      ☐ .....

Local Member(s)                      ☒ N/A

Other Elected Members              ☒ Councillors Les Caborn, Dave Shilton, Kate Rolfe,  
Sid Tooth

Cabinet Member                      ☒

Chief Executive                      ☐ .....

Legal                                      ☐

Finance                                  ☐ .....

Other Strategic Directors              ☐

District Councils                      ☐ .....

- Health Authority ☐ .....
- Police ☐ .....
- Other Bodies/Individuals ☐

***FINAL DECISION YES***

***SUGGESTED NEXT STEPS:***

Details to be specified

- Further consideration by  
this Committee ☐ .....
- To Council ☐ .....
- To Cabinet ☐ .....
- To an O & S Committee ☐ .....
- To an Area Committee ☐ .....
- Further Consultation ☐ .....

## **Agenda No**

# **Adult Social Care and Health Overview and Scrutiny Committee – 12 October 2010**

## **Work Programme 2010-11**

### **Report of the Chair of Adult Social Care and Health Overview and Scrutiny Committee**

#### **Recommendation**

That the Adult Social Care and Health Overview and Scrutiny Committee considers the draft work programme at Appendix A and amends as appropriate.

#### **1. Draft Work Programme**

Following discussion with the Chair and the party spokespersons a draft work programme for the Adult Social Care and Health Overview and Scrutiny Committee is attached for consideration – see Appendix A.

#### **2. Forward Plan Items**

The following items relating to the remit of this committee are currently in the forward plan:

#### **Cabinet 14/10/2010**

##### **Learning Disability Self Assessment Action Plan**

The first annual self assessment report for learning disability services was presented to O&S on the 12th June. Whilst this provided a clear picture of the progress being made in learning disability services generally, it also identified areas for improvement.

This report is the agreed action plan that O&S requested should be reported back by September 2010. These areas for improvement form the core of the wider Learning Disability Strategy and are considered central to the Directorates Transformation programme and in particular savings plan.

##### **Director of Public Health Annual Report**

The report of the Director of Public Health is presented annually for consideration and endorsement by Cabinet

### **3. Dates of Future Meetings**

The dates for future meetings of the Adult Social Care and Health Overview and Scrutiny Committee in the current financial year are below.

10 am	8 November 2010
2 pm	8 December 2010
9.30 am	9 February 2011

CLLR LES CABORN

Chair – Adult Social Care and  
Health Overview and Scrutiny  
Committee

Shire Hall

Warwick

29 September 2010

MEETING DATE	ITEM AND RESPONSIBLE OFFICER	OBJECTIVE OF SCRUTINY	Performance Management	Holding Executive to Account	Policy Review/Development	Overview	Raising Levels of Educational Attainment	Maximising independence for older people and adults with disabilities.	Developing sustainable places and communities	Protecting the Community and making Warwickshire a safer place to live	Cross cutting themes/ LAA
12 Oct 2010	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
	Fairer Charges Consultation Outcome, Ron Williamson	To scrutinise the outcomes of the consultation and proposed charges		✓	✓			High			
	Rugby St Cross Accident and Emergency, Alwin McGibbon	To make a response to the A&E Consultation			✓					High	
	Joint Commissioning Strategy for Learning Disability Services Kim Harlock / Christine Lewington	To consider outcomes from a refresh of the joint commissioning strategy for learning disability services. The report will include an action plan to address areas for improvement identified through the Learning Disability Partnership Board Annual Self Assessment 09/10. (requested at 16 June 2010 meeting)	✓		✓			High			
	West Midlands Ambulance Service (WMAS) –re-modernisation proposals	To consider WMAS re-modernisation proposals			✓			High			

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8 Nov 2010	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
	Banbury Obstetric, maternity and paediatric Services, Paul Maubach (NHS Warwickshire)	Update			✓						
	Bramcote Hospital Consultation (Rachel Pearce, NHS Warwickshire)	To consider the Bramcote Hospital Consultation									
	Telecare Progress Report, Kim Harlock	To consider progress of implementing Telecare			✓			High			NI 124 People with long term condition supported to be independent
	Transfer of Community Services, NHS Warwickshire, Rachel Pearce	To consider proposed transfer of community services to South Warwickshire Foundation Trust and George Elliot Hospital and to consider how NHS Warwickshire has involved users in the process			✓	✓					
8 Dec 2010, 2pm	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									



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8 Dec 2010 cont	Report of the Ante-natal and post-natal services for Teenage Parents Joint Scrutiny Review	To consider the proposed recommendations from the review			✓						
	The future of WCC's residential care homes for older people, Ron Williamson	To consider the outcomes of the consultation on the future of WCC's residential care homes for older people, prior to Cabinet consideration.		✓	✓			High			
	Long-term reduction in acute beds, Paul Maubach (NHS Warwickshire)	To consider NHS Warwickshire's approach to reducing the demand for hospital beds						High			
9 Feb 2011	Questions to the Portfolio Holder	Committee to put questions to the Portfolio Holder									
	Links –Progress Report, Councillor Roodhouse and Nick Gower-Johnson)	To consider the work and progress of the LINK and their future	✓			✓		Med			

BRIEFING NOTES		
Implementation of recommendations – End of Life Care	To scrutinise progress made against the End of Life Care Scrutiny Review ( <i>Alwin McGibbon</i> ).	Received and circulated 02/09/10
Excess Winter Deaths and Fuel Poverty	Update on summit ( <i>Cllr Clare Watson</i> )	
Director Public Health – Sexual Health Services	Request of the previous committee from concerns raised about uptake of screening programme for Chlamydia, teenage pregnancies etc. Priority also for PCT, LAA targets ( <i>Rachel Pearce</i> )	Requested by end of Sept
Follow up on Community Meals Service Taster Session	Briefing note on response to feedback and details of meals launch ( <i>William Campbell AHCS</i> )	Received and circulated 21/09/10
Rowan Organisation	Update requested by the Committee at their meeting on 2 March 2010 ( <i>Rob Wilkes AHCS</i> ).	Received and circulated 01/09/10
Supporting People Annual Performance Management	Briefing note –executive summary to be circulated to members Summary ( <i>Rachel Norwood</i> ).	Received and circulated 01/09/10
Lighthorne Heath GP	To update the committee on progress in Lighthorne Heath Surgery ( <i>Rachel Pearce, NHS Warwickshire</i> )	Requested by end of Sept
NHS Warwickshire –Older People's Mental Health Services in Rugby	Briefing note on responses to NHS Warwickshire's consultation regarding older people's mental health services in Rugby ( <i>Rachel Pearce, NHS Warwickshire</i> ).	Received and circulated 02/09/10
Caludon Centre – place of safety	Briefing note on what is agreed regarding place of safety (when appropriate ( <i>Paul Maubach, NHS Warwickshire</i> ))	Received and circulated 22/09/10
Dementia Care Working Group	Briefing on progress on implementing the Dementia Strategy ( <i>Jon Reading AHCS</i> ).	Received and circulated 23/08/10
Bramcote Hospital	Briefing requested by Councillor Bill Hancox 14.07.2010	
Carers Short Breaks Review	Briefing on the Review of Carers Short Breaks ( <i>Christine Lewington, A,H&amp;CS</i> ) at suggestion of A,H&SC Directorate.	Received and circulated 08/09/10

Annual Report of the Joint Commissioning Strategy for Older People Services	Annual Report of the Joint Commissioning Strategy for Older People Services: Implementation Plan Priorities 2009-2010 ( <i>Julie Humphries</i> ) at suggestion of A,H&SC Directorate..	Received and circulated 08/09/
Annual Report for the Joint Commissioning Strategy for Physical Disability & Sensory Impairment Services Priorities for 2009-2010	Annual Report for the Joint Commissioning Strategy for Physical Disability & Sensory Impairment Services Priorities for 2009-2010 ( <i>Julie Humphries</i> ) at suggestion of A,H&SC Directorate	Received and circulated 08/09/10
Annual Report of the Quality of Life for an Ageing Population: Implementation Plan 2009 – 2010	Annual Report of the Quality of Life for an Ageing Population: Implementation Plan 2009 – 2010 ( <i>Julie Humphries</i> ) at suggestion of A,H&SC Directorate	Received and circulated 08/09/10